



# FLORIDA HEALTH NOTES



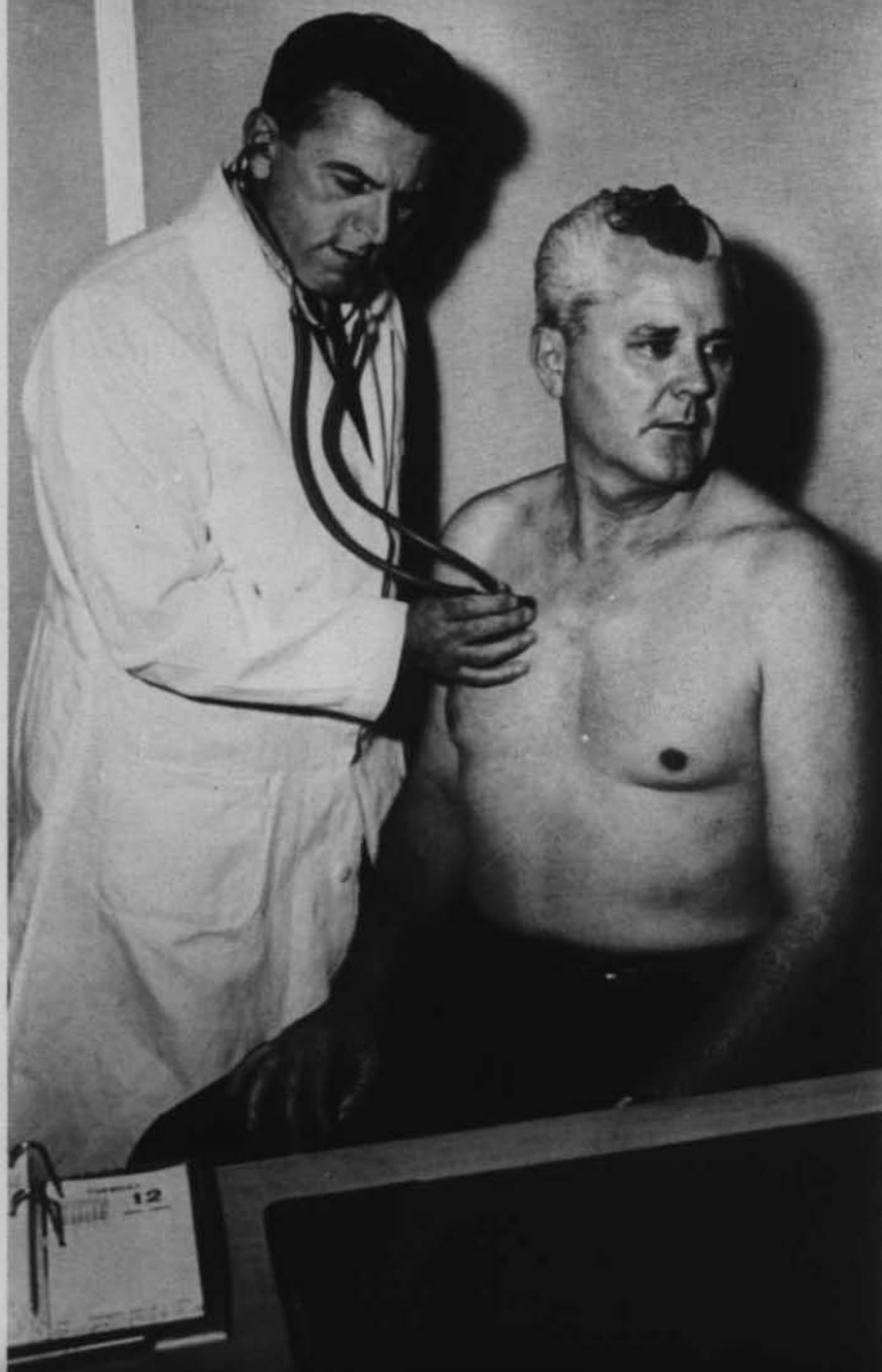
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***Exercise For Health***

**A physical examination by your physician is necessary before starting any unusual physical exercise.**



# EXERCISE For HEALTH

Do you feel tired out after working eight hours at your desk or machine?

Do you gasp for breath after walking up a flight of stairs or running a few yards to catch a bus?

Do you wake up in the morning feeling as tired as when you went to bed?

You may say that you are not as young as you used to be or that you need more rest. You could be wrong. It is possible that your body is signaling that it needs more exercise. Your muscles may be flabby from lack of vigorous use.

Can—and will—you do something about this condition? You start by making an appointment with your doctor for a physical examination. You talk with him about exercise, particularly if he has found nothing seriously wrong with you. And probably during your conversation, the term "physical fitness" will creep in. Your doctor will emphasize how important it is to your present and continual well-being.

What is **physical fitness**? To most people, physical fitness is a matter of strength. But is it? It is a reflection of your ability to work without undue fatigue, with enough energy left over to enjoy hobbies and recreational activities, and strength to meet unexpected emergencies. It is the ability to get the optimum use out of your body. Physical fitness does not apply only to the muscu-

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## FLORIDA HEALTH NOTES

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lar, athletic individual, but may include the handicapped person who uses his body to its full capacity. High-level wellness is the result of good practices particularly in the realms of diet, exercise, rest and medical care.

### **One, Two . . . One, Two . . .**

Up until the last few decades, physical exercise was a natural side product of normal activity. People walked to market and church; chores around the house furnished exercise for the youngsters; and many of man's work and woman's household duties were arduous.

Today we live in a civilization where man, through his genius, has removed much of the physical labor from his daily life. Our mechanical inventions, such as the washing machine, automobile and television, have caused a decline in physical activity. We are not saying that we would do away with these blessings; however, the physical exercise removed from our daily living needs to be restored.

What is the situation in Florida and the United States today? Some people say that we are behind many countries in the field of physical prowess. Americans do not go in for mass calisthenics or enormous physical fitness programs. Such programs are left up to the individual. Although there are physical tests (described in the Kraus-Weber studies) which indicate that American children are less physically fit than European children, there is no one physical fitness test which is generally acceptable or which is suitable for every individual. Many of the young men tested for military service during World War Two and the Korean Conflict were found physically and mentally unfit and a number of freshmen entering colleges and universities cannot pass the minimum physical skill and ability test.

Florida, along with the other 49 states, has stepped up its program for physical education through the State Department of Education (more will be said about this subject later). This program places special emphasis on exercise's contribution to overall good health. There is a need, however, for more adults to keep up some form of exercise, whether it be a conscious effort to have more physical activity in their daily routine or to carry on a planned physical activity program.

This **Health Notes** will discuss the following: how exercise affects your body; how it will help those who are handicapped or have a chronic illness; how to find exercise in your daily activities; what the organized physical education programs of Florida's schools do for youngsters; and how physical activities can be fun for the whole family.





Surf bathing is exercise enjoyed by millions of Floridians and their visitors.

## When You Are Well

The body is a complicated machine and every part interacts upon other parts. When the body is exercised, not only do you develop the muscles you need but you also improve the functioning of other organs. Whether it be a repeated movement in your daily routine or a planned program of calisthenics, exercise is necessary to maintain the tone of your body.

**What is body tone?** Body tone is a term used to describe the condition of your body. Good tone is the opposite of flabby or limp. When your body has good tone, your muscles, skin, organs, blood vessels and all its other parts are in good condition, healthy, properly hydrated, getting rid of waste materials properly and operating at optimum level without fatigue or loss of quality. The body needs to operate actively or it will lose this body tone. When the body is not used, many organs and systems suffer.

Exercise develops muscles. The body has over 600 muscles which make possible every movement. They do many things, such as pass food along the digestive tract, maintain posture, suck air into the lungs and tighten blood vessels to elevate the blood pressure when more pressure is needed in an emergency. The heart itself is a muscular pump.

Exercise also stimulates circulation. When the muscles are exercised, circulation speeds up to furnish more oxygen to these muscles and remove waste material. The faster your cells receive

**There is little knowledge on the part of the general public as to how exercise can be related to recovery from illness. When people are sick, they have a tendency to go to bed, pull up the covers and become weak from the lack of exercise. Physical activity, when allowed or prescribed by the physician, can cut short the convalescent period.**

oxygen, the better you feel. You "come alive." This increased activity brings more blood to your brain, too, and you are more alert.

This faster action of the circulatory system also helps the functioning of the internal organs. The heart becomes stronger and steadier; the lungs are capable of taking in more oxygen; and elimination of body wastes is properly regulated. Without exercise you feel weary. This is one of the most common complaints today. In many cases, people are fatigued because of the gradual deterioration of the body from the lack of enough vigorous physical exercise.

Exercise can build up your endurance. When a fit person is doing the same movements as a flabby or weak one, he is able to do them with the same amount of effort and with less energy; he can perform more tasks with less tiring effect.

Being physically fit also helps a person to be emotionally and mentally fit. A physically well person, of course, can have mental and emotional problems, but for the average person, exercise can work as a tranquilizer. Enough physical activity, whether it be walking a mile, cleaning out the garage or playing a game of softball with the youngsters, tends to make you relax.

Children's grades are better; they sleep better and feel better if they are encouraged to play out of doors (weather permitting). After sitting in the classroom for seven to eight hours, it is not good for them to settle for too long in front of the television set.

If you are going to start a physical fitness program, be sure you are capable of doing the exercises before starting. There are a number of organizations which publish physical fitness programs for people of all ages. Before you start on any programs, **have a physical check-up by your physician**, and tell him what you are planning to do. He may have some suggestions on how to adapt such a program to your particular needs, and if he finds any physical problem he may have some suggestions for modifying the program.

Your physician will tell you that a gradual conditioning process

will be best for you. But once started and stepped up, as your fitness improves, the program should be continued regularly. That's the only way to get any **lasting** benefits from exercise. Sudden spurts of strenuous exercise may be more harmful than helpful.

### **Physical Exercise—If You Are Ill**

Are you surprised that sick persons may need exercise, too? Correct or adaptive exercises have been worked out for patients who are suffering from chronic illnesses or who are handicapped. For many, such as heart or stroke patients, exercises have frequently brought them back to being useful citizens and have prolonged their lives. The decision as to the kind of exercises each should have must be made by the physician, and he will instruct the patient, his family or physical therapist accordingly. We can only mention a few of the major diseases and relate how important exercises are to the recovery of patients suffering from them.

There was a time when the **cardiac patient** was shuttled off to the back bedroom or a nursing home where he spent the rest of his life in a bed or chair. People whispered, "He needs rest. He has a heart condition." Today, the physician starts the cardiac to exercising as soon as he is able and sometimes to the limits of his endurance. Activity stimulates the muscles of the body which pump blood from the peripheral veins toward the heart. The heart then pumps the blood out again. When the patient is put to bed and does no exercise, the entire system slows down. This is often desirable during an acute condition or at the beginning of convalescence.



The public health nurse helps the stroke patient at home to learn to walk again.



Florida's handicapped children, too, have the opportunity to try outdoor activities at summer camp.

In order to determine the work capabilities of cardiac patients, the American Heart Association has developed "heart classifications." These range from Class I, for patients whose functional capacities are not limited, and who do not suffer fatigue or palpitation from ordinary physical activity, to Class IV, for patients whose conditions result in the inability to carry out any physical activity without discomfort. There are also "therapeutic classifications" which range from Class A, designating patients whose ordinary physical activity need not be restricted to Class E, designating patients who should be at complete rest.

The right kind and right amount of daily exercise is safe and good for the heart. Even recovered heart patients need it. This is because the heart is a highly specialized muscle. Like any muscle, continued physical activity promotes its continued efficiency. A heart so conditioned is better able to withstand sudden demands or periods of stress and is less susceptible to disease.

Exercise is necessary for the **stroke patient**. Prior to a rehabilitation program among stroke patients of Hillsborough County, only 15 per cent of the stroke patients who survived were able to walk and only 38 per cent could be discharged from the hospital to return home. The other 62 per cent were left in nursing homes or institutions for custodial care. After the rehabilitation program



was well underway, 64 per cent of the stroke patients could walk and 64 per cent went home.

It is necessary to get the stroke patient active as soon as possible after an attack in order to prevent deformity and helplessness. Even though a stroke may damage the muscle control center in the brain, the affected muscles may still need exercise. In addition to the usual medical and nursing care, there are passive exercises (when someone else flexes or moves the paralyzed parts) that must be done as soon as possible to prevent the wasting away of the patient's muscles. These must be prescribed by the physician.

Exercise is one of the important items in the balanced program for the **diabetic patient**. Diet, insulin and exercise are closely connected and they must be considered as a unit. In most cases, diabetics are able to participate in most forms of safe exercise, but strenuous exercises taken sporadically may be detrimental to the diabetic as well as other individuals. Regular exercises are usually needed and will be found beneficial. Exercise prior to eating may precipitate low blood sugar and insulin reaction.

The decision the physician must make about how much activity to allow the child with **rheumatic fever** or a **congenital heart condition** is often a difficult one. Sometimes the doctor recommends, "He has a heart murmur and he had better take it easy" or "Don't let him run too much." The parents may then become too protective. The child may develop into a "cardiac cripple." Effort should be made to avoid creating an additional handicap by unnecessary restrictions. Most children know the limitations put on them by nature or their disease, and they will automatically limit themselves. Only the more active children need to be restrained and their symptoms, particularly that of fatigue, should be a guide.

Exercise is an important part of therapy for the **arthritic patient**. Many nursing homes are filled with unfortunate patients who cannot move or feed themselves because they were allowed to stay in one position and their joints "froze." Exercise will not cure arthritis, but it is important to prevent crippling deformities. Treatment usually will have to be continued for months or even years. The physician can advise and prescribe exercise but whether a joint is kept movable or becomes motionless sometimes depends upon the patient. He will have to do his part. In the matter of arthritis, an increase in normal, daily activity cannot be substituted for the kind of exercises that the physician prescribes.

Rehabilitation of the **mentally ill** deals with the whole person and does not separate the mental and emotional from the physical factors of the patient. Emphasis is placed on occupational, in-



dustrial and recreational therapy. The patients are taught in group therapy that work is therapeutic, a good and an acceptable mode of behavior. Mentally ill patients are given work assignments, recreational periods and social events in a well-planned, relaxed atmosphere where the patients do not have to make decisions. Planned exercise helps them dissipate their tensions and makes them more amenable to therapy.

Exercise is important for the patient with all kinds of chronic diseases and there is much work done by voluntary and official agencies and by many hospitals for the **handicapped** throughout Florida. In physical therapy clinics and centers, adults and children are treated by the use of selected equipment which may use weights, exercise, light, heat, ice, water and electricity.

### **The Use of Physical Therapy**

An important phase of rehabilitation work is based on physical medicine, which is the use of natural forces (water, heat, light), machines, and all aspects of physical, occupational and speech therapy in the treatment of diseases.

Physical therapy also uses correct positioning in bed, active stretching of tight muscles and a full range of motion exercises for all joints to prevent contraction of muscles. To prevent the wasting away of muscles, the patient is put through a mild active exercise of arms and legs (if indicated).

If the patient is unable to exercise his own limbs, the physical therapist or nurse uses passive exercises to keep the muscles from becoming weak. Frequently the patient is told to try and move the limb and concentrate on it. At the same time, the therapist moves the limb for him. Sometimes the patient can move the limb through part of the movement but needs assistance to complete the action.

### **Who is a Physical Therapist?**

A physical therapist is a professional person who has been especially trained to evaluate and treat patients suffering from chronic diseases or handicaps by using natural elements (heat, water, electricity), machines and exercises of the body. This work is done under the direction of a physician. Such a person is trained in a four-year school of physical therapy which has been approved by the American Medical Association. There is a shortage of physical therapists and the profession is open to both men and women.

The physical therapist works with the handicapped or chronically ill to rehabilitate unused or injured muscles.



This is called "active assistive." "Active" exercise is when the patient moves the limb himself.

Despite the efforts of the physical therapist and nurse, nothing can be accomplished unless the patient himself is motivated to work. The patient needs a definite period of the day to do his exercises, and he should not let anything interfere with this routine. These should be carried out each day until they become a habit. Exercise should not be scheduled at the end of the day when the patient is tired.

While **early ambulation** is not strictly a form of exercise, it is a definite rehabilitative exercise for the postoperative patient. This was used widely during World War Two when hospital beds were in demand and physicians discovered that early ambulation cut circulation complications in half. If a patient remains in bed for days after an operation, clots of blood may form, particularly in his legs. When this condition exists and the patient then is allowed to get out of bed, the clots may sometimes break loose, go through the heart to the lungs and cause serious or fatal complications.

The public health nurse plays a big part in the rehabilitation of chronically ill or handicapped persons who are restricted to their homes. Under the direction of the family physician or County Health Officer, the nurse can help patients with muscle manipulation. Many County Health Departments have nurses on their staffs who have had special training in rehabilitation work. The

physical therapist is trained to evaluate muscle condition and to work with special equipment.

### **The Adequate Diet**

A healthy body requires the proper foods to keep it operating. The food requirements of a child are greater in proportion to his size than those of an adult, but an adult's food must be adequate to supply him with sufficient energy and heat, maintain his body processes and repair his worn-out tissues. A child's food must perform all of these functions and build new tissues as he grows taller and gains weight each year.

What kinds of food build new cells, repair old tissues and give you the energy you need for physical activity each day? You have a need for an adequate diet with the right amount of proteins, carbohydrates, fats, minerals and vitamins.

Body cells need proteins for reproduction of new cells and repairing of old ones. Proteins are built from approximately 26 compounds of amino acids (nitrogenous organic compounds), of which eight are essential for adults. Growing children require nine or ten compounds. "Complete" protein foods, which contain all necessary compounds, are eggs, meat, milk, fish, cheese and poultry. Plants and their seeds, such as beans, peas, nuts and cereal grains, also supply proteins, but these are incomplete because they will sustain life but contain no amino acids to support growth.

Energy to do the things you want to do is found in carbohydrates (sugar, starches, fruits and vegetables), fats and oils. The latter are found in eggs, cheese, butter, many meats and most seeds and nuts. Fats and oils provide twice as many calories as carbohydrates and are called high calorie foods. Calories are used to measure energy when food is oxidized in the body. You need more calories when you are more active, but too many calories and too little exercise can add weight.

How much energy do you use at different activities? You burn one calorie a minute just lying still. When you walk fast you use 5.6 calories a minute; a housewife uses 1.7 calories when sweeping but she uses 4.2 calories when mopping a floor. A man burns 6.8 calories when sawing wood; eight calories when chopping a tree; and 10.2 calories when stoking a furnace. Swinging a golf club uses up five calories, while skiing requires 9.9 calories.

Your body needs several kinds of minerals. They enter into the structure of all body tissue. The skeleton is largely composed of minerals, but they are important to such soft tissues as nerve and muscle cells. Minerals play a big part in regulating body function, contraction of muscles, irritability of nerves, control of water



She has her ironing board at the proper height, keeps her back straight when vacuuming the rug, and sits on her heels to reach under the sink. All these activities give the housewife proper health exercise while doing her daily work.





balance, maintenance of acid-base equilibrium and the utilization of foodstuffs—just to name a few.

Vitamins function primarily in enzyme systems to assist the metabolism (chemical change) of amino acids, fats and carbohydrates. All of the vitamins you need to stay healthy are contained in any well-balanced diet today. Persons on special diets or who are convalescents may need additional vitamins suggested by a physician.

For a balanced diet, you need some of the following classifications of food each day: bread and cereals, milk and milk products, vegetables and fruits and meats.

### **Exercise and the Family**

For the healthy family, exercising can be done as part of the regular activities. And it is much more fun when the whole family participates. Take the Blank family for example. John and Mary are interested in good health, and they stimulate their three children to physical activities around the home and also take them on outings.

The Blank family does not have to go through a regular program of sit-ups and push-ups or other strenuous exercises in order to have good health. When John has an errand to do a short distance from home, he leaves the car and welcomes the opportunity to walk a few blocks. When he walks, he holds his abdomen in, chest up, shoulders relaxed, and he breathes deeply. Walking is one of the best physical activities; the action of the leg muscles stimulates the flow of blood back to the heart. Not only does it improve the leg muscles, but it improves the heart's pumping action.

With his physician's advice, John Blank mows the lawn instead of hiring someone. Sometimes, Billy, his 13-year-old son, takes his turn. Both John and Mary find that gardening is also a good means of exercise, not only because it takes them out in the fresh air, but spading, planting and weeding require hard work.

There are many routines in Mary's daily life that she considers physical exercise. Although there are many new machines and gadgets to make her work easier, she still must do a lot of lifting, sweeping, bed-making and ironing (among other things). Mary lifts objects the right way, squatting down and keeping her back erect. When sweeping or ironing, she keeps her back straight. There is a direct relationship between physical fitness and good posture—one helps the other. Good posture avoids cramping of internal organs, permits better circulation, prevents tensing of some muscles and undue lengthening of others.

Informal play, such as tag, or touch football, softball, table tennis, badminton and other activities are part of the Blank's





Games are fun as well as physical exercise for elementary school students.

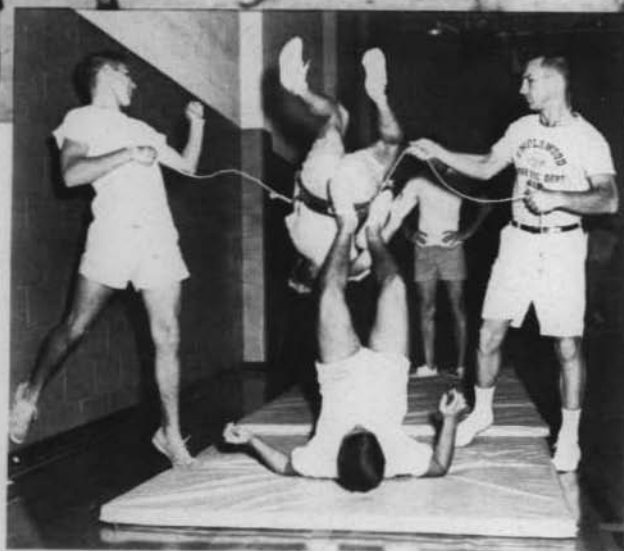
family fun. They try chasing-fleeing games, challenging and interesting stunts and contests (such as tug-of-war), active singing games and basic rhythms. They also keep on the garage a basketball hoop which is very popular with the neighborhood children.

When the occasion arises, the Blank family participates in more vigorous activities like hiking, swimming, cycling, dancing, camping, horseback riding and skating. Florida has hundreds of miles of seashore and many lakes that are ideal for skin diving, swimming, boating, fishing and water skiing. The members of the family must pace themselves carefully and not participate in a sport beyond their endurance. They start slowly, trying to keep at a level just below their maximum capacity. As they increase their efforts and variety of activities, the maximum level rises.

A friend of John Blank is interested in calisthenics and weight lifting. He considers this part of a physical fitness program. In order to know what he is doing, the novice weight lifter receives instruction from a coach. Weight lifting can build muscles but when they are developed at the expense of other muscles, trouble may begin. The choice is whether to have certain large bulky muscles or to develop all the muscles equally.

## Physical Education in Schools

Florida's State Department of Education is in the midst of an intensive effort to improve the physical education program in the schools. In order to better the health of students and their ability to work and play with other individuals, the Department requires a minimum of two units of credit in physical education for graduation from high schools.



Calisthenics are conducted in schools for physical education groups. Tumbling is taught to small, specialized groups interested in interscholastic competition.

Children in the first six grades are required to have 30 minutes of physical exercise each day. These periods of physical education are not regarded as merely time for free play. In many schools the children are guided through programs that teach social adjustment, control of emotions and self-discipline. They also develop physical fitness, useful skills, safety habits and an enjoyment of recreation.

From junior high school through graduation, the students have the opportunity to participate in three types of physical activity. They are required to take part in physical education classes for which they receive credit. They can participate in various in-

tramural activities within the school, and for the more talented athletes, the schools maintain teams for competition with other schools in such sports as baseball, football, basketball, track, cross-country, swimming, tennis, golf and gymnastics.

The students receive instruction and practice for the purpose of mastering the tools of learning. This is true in all fields of education. In physical education they are taught the "fundamental skills"—running, walking, jumping and throwing and catching. All activities of the physical education program can be broken down into these fundamentals. In the game of basketball, for example, catching and passing are fundamental skills, as well as shooting, dribbling and pivoting. These skills are basic for every sport. Youngsters do not possess these proficiencies when they are born, nor do they acquire them automatically. They must be taught. Physical education gives students opportunities to develop these skills.

In Florida, students are excused from physical education only because of illness or physical handicap. In such cases, modified assignments are given to the handicapped child according to his abilities.

### **Physical Activities Outside of School**

Once a person is through high school, he may go on to a college or university where he can continue with organized physical activities. He may join a club or church team, or participate in a company recreation program; or he may just quit, for when it comes to sports, most adult Americans are spectators. They watch a wide variety of professional sports—sitting down. If they stay home, they sit and watch sports on television or listen to a radio broadcast. Some Americans develop skills for an individual sport, like tennis, golf, badminton or swimming.

There are a number of places where the individual can keep up his interest in sports after he leaves school. Many companies and organizations have full-time recreation directors who conduct programs for the employees. They maintain bowling, table tennis, golf, basketball, softball and baseball leagues. All of this is voluntary in this country; in Russia, it is mandatory, for factory workers are required to spend a period each day in a physical education program.

Communities and churches sponsor leagues and teams of various kinds. Folk and square dances are particularly fitted to physical fitness programs and suitable for family and group participation. Those with advanced skills frequently join dance clubs which sponsor exhibitions, festivals and workshops.

It is assumed that you are not a professional athlete. If you

have not been participating in vigorous activities, it is not wise to jump right in and take part in competitive sports. It is best to consider the risk and then decide. Some sporting activities can be dangerous unless you are properly experienced and/or equipped. Football players are trained to run, tackle and fall. Boxers toughen their bodies to take heavy blows. All athletes condition their bodies to withstand the demands of the sport in which they engage. The non-athlete should do no less. He should work up to certain levels of conditioning before participation in strenuous activities.

### **All Exercise Is Important**

You can help yourself to better health through exercises carried on during your daily activities. Give yourself a brisk rubdown after a shower instead of a gentle dabbing; avoid elevators for short trips—take the stairs instead (and keep your back straight as you climb); take exercise breaks along with your coffee break; pull in your abdomen now and then and hold it taut for a few seconds; and walk—every chance you get.

Exercise is important for every age from infancy to 90 years. A baby exercises his muscles when he shakes his rattle. (He also likes to hear the noise.) As you grow older, you need to continue to exercise but within the limits of your capabilities. You cannot do the exercise at 60 that you did at 20, so don't expect to run the 100-yard dash. If you retire from work, retire to something active, according to the pace and capacity set by your doctor.

By maintaining a daily routine of exercise (and a planned physical fitness program if you want it), you can help yourself to the high-level wellness to which you are entitled.

**The following bulletins on exercise, prepared by the U. S. President's Council on Physical Fitness, are available from the U. S. Government Printing Office at the prices listed:**

**Adult Physical Fitness, Programs for Men and Women—\$.35**

**Physical Fitness Elements in Recreation, Suggestions for Community Programs—\$.25**

**Youth Physical Fitness, Suggested Elements of a School-Centered Program (no price listed)**

**From the American Association of Health, Physical Education and Recreation, 1201 16th St., N.W., Washington, D. C.**

**AAHPER Youth Fitness Test Manual—\$.50**



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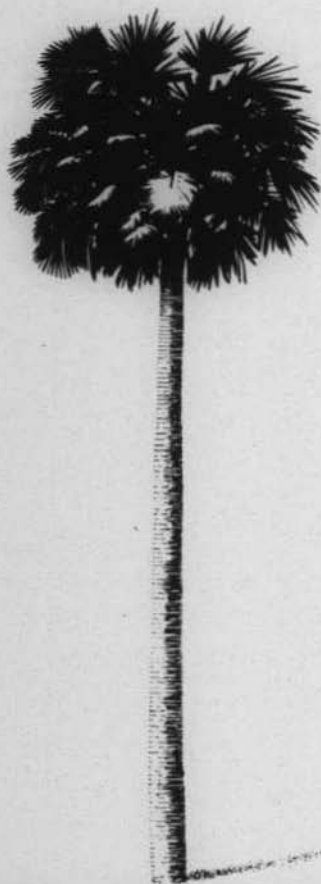
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# FLORIDA HEALTH NOTES

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Medical Quackery

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# MEDICAL QUACKERY

A west Florida man who held no license to practice the healing arts told people who came to him with cataracts that they needed no eye surgery — he would burn out the cataracts with hydrochloric acid. Just like that.

A Jacksonville man offered arthritis victims by mail a small electromagnet connected to two metal hoops, which he said would generate "waves" which would cure arthritis.

A "swami" in a turban and robe who lived in the Miami area boasted to investigators that he could cure any disease known

to man. He rubbed a narcotic agent with olive oil and gave him a medicine which he said contained gold, silver and platinum and would drain all poison from his body. Arrested, this man jumped bail and disappeared.

These are examples of medical quackery as practiced in Florida and illustrate that the medical quack — the fake doctor — is a major menace to the health of the people of the state.

This cruel pretender has been around since one man tried to heal another, and failed. He preys mostly upon the hopeless, the anguished ones who have

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## FLORIDA HEALTH NOTES

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found that legitimate medicine has no cure for them, or moves too slowly to suit them. Usually lacking any ethics or conscience, he will promise anything — for money.

Florida is well known as a place to which people retire or visit for vacations. Elderly people who come to the state often are prone to the ills peculiar to their years, such as conditions which are the results of poor eating habits, diabetes, arthritis and rheumatism, heart disease, failing vision and hearing, other chronic diseases of the aging and cancer. These conditions, sometimes slow to be corrected by the qualified medical practitioner, are just what the quack is looking for. The state's many resorts attract the charlatans who prey upon those who have come to Florida to improve their health.

### **What Is a Quack?**

The Florida Legislature has wrestled for years with that question and has not come up with an answer. We have no anti-quackery law in Florida. Just where does honest experimentation and freedom of professional medical practice end and sheer fraud and dangerous mistreatment begin?

The dictionaries in defining "quack" use such synonyms as

"fraud, charlatan, pretender, practitioner whose skill is based on experience." In order to have a much deeper understanding of quackery, we must realize that the medical profession is composed of men who have spent 10 years or more in study. After leaving college they go to medical schools, and then into internship and postgraduate training where they are constantly under the influence of highly trained and experienced instructors who constantly emphasize the necessity of being sure, being right, testing again and again, seeking other informed opinions, questioning, searching.

On the other hand we have the outright criminal fraud who knows his medicine, or treatment of whatever sort, is worthless. He is out to bilk money from persons who have an incurable disease and he does it without any qualm of conscience. He advertises, he lectures, he shows testimonials from "cured" patients—who probably did not have the disease to start with. He knows the dictionary definitions of medical terms, and is usually glib in speech and hearty in manner. He frequently displays forged licenses and diplomas and knows when to skip across the state line just before the law is ready to close in.

In between these two extremes are many kinds of unconven-



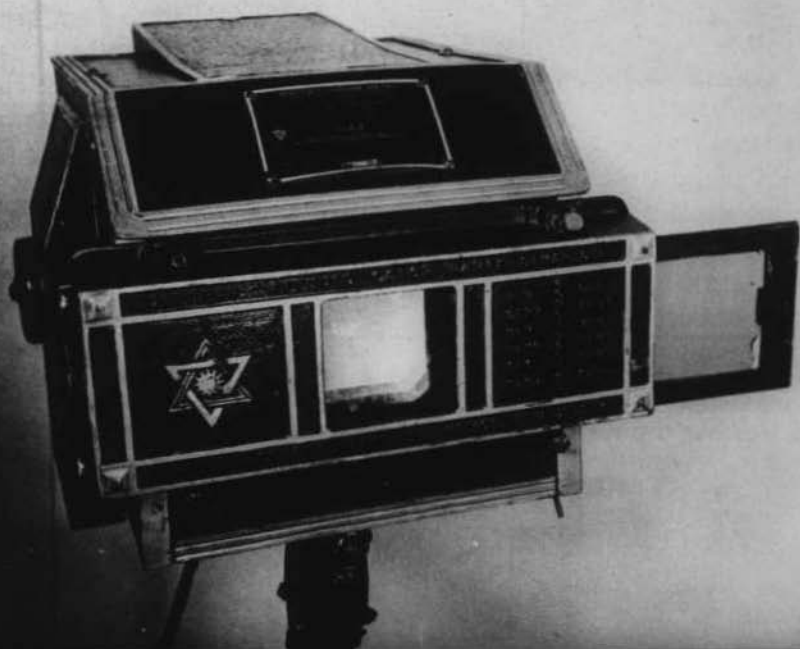
tional healers. Some are licensed as healing practitioners of one sort or another; some are not. Some are guilty of practicing without license, while others manage to avoid technical violation by not diagnosing or treating disease. They sell medicines or devices for healing, or give lectures in which they tell their listeners how to diagnose and treat their own ailments. Some of these persons are mere showmen or women, after the easy dollar, but some are quite sincere in their belief that they have a cure for some disease. Very rarely do any of them do any direct physical harm to their patients. They dispense no poi-

sons; they electrocute no one with their "healing machines." But the great harm done by quackery can be summed up in this way:

**The quack, whatever his motive, delays the patient from obtaining the medical treatment that may cure him or save his life, while at the same time draining his financial and physical resources.**

But we must define not only the quack, but also his whole operation. One man pretended to cure cancer, using as his base of operations a trailer which could be moved away in the mid-

**Persons who used this "Spectro-Chrome" were instructed by a quack to give up meat, eggs, tobacco and liquor and sleep with their heads pointed north in order for the machine to have its "magical" effect. The gadget contained a 1000-watt bulb and a fan.**



# Baltimore Eclectic Medical College

Baltimore, Maryland



Know All Men By These Presents

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**Doctor of Medicine**

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In Testimony Whereof, this Diploma is awarded, signed by the President and Secretary of the Board of Directors, attested by the Faculty of the College, and sealed with the Official Corporate Seal, at the City of Baltimore, in the State of Maryland, U. S. A., on this the first day of May, in the year of our Lord one thousand nine hundred and fourteen.

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This fake certificate was issued by a "diploma mill" in the name of a nonexistent medical school. It was hung on an office wall by a man who was not a physician but misrepresented himself as one.

dle of the night if the need arose. In another case, the quack had a suite of swanky offices in an elite part of town. Secrecy is not often a part of the charlatan's setup. He is usually quite brazen — and advertises freely. He will usually be found surrounded by the normal accouterments of the medical office — white office coat, "nurse" in attendance, framed documents on the wall. And his manner will almost always be one of, "You poor creature, now at last you have come to someone who will cure you. Your troubles are over." Usually the patient's troubles have just begun.

What kind of patients does the quack want? The desperate (often with incurable conditions), the ones who have "doctored for years" with little result, the fearful who are afraid they **might** have cancer or some other frightening disease, those whose conditions exist primarily in their minds. These are the gullible; the clutchers at last straws. These are the most easily convinced that some "new, secret" medicine or machine will cure them, or that the "ultra-microsonic uranium vivascope" will bring them back to health.

The above describes facetiously the worst sort of quack — the criminal who knows he is a fraud and cares only for the

victim's cash. One example of this kind of quack is the door-to-door peddler of vitamins, food supplements and health foods. He is without exception an untrained, unlicensed novelty salesman who has found that he has the knack for door-to-door selling. He has learned the long scientific words of the medical world to use as tools in his business. If his product were any good, your doctor and druggist would be recommending it. But more subtly harmful are the activities of the deluded professional who is so hipped on some idea of his own that he applies it far out of proportion to its basic value. He can delay proper treatment for months, by insisting that his treatment must work. By the time he is convinced that it doesn't work, his patient may be in dire straits.

In all fairness a kind word must also be said for the "old granny"—of either sex — who tries to help the sick in isolated areas where modern medicine is both far away and perhaps little trusted. This practitioner probably has an annual income equal to about one day's receipts for a well-established doctor. Usually ignorant, often superstitious, but dedicated to helping neighbors, this person is far from being a vicious quack—but his results do not justify his

efforts, and his patients must be taught that there is a better way—the way of the modern doctor in the nearest town or city.

### **What's Going On?**

Quackery in the medical field can be divided into three broad categories: fake diagnostic and therapeutic devices and machines; false claims for food supplements, special health foods and diet plans; and false and exaggerated claims for drugs and cosmetics. Space will permit us only to give broad, general warnings about these dangers. Pamphlets from the Federal Food and Drug Administration on fake devices alone cover hundreds of pages.

The public today is so accustomed to large, impressive electronic machines covered with dials, switches and lights that the medical fakers have pounced on the idea and introduced literally dozens of devices with awesome names that pretend to diagnose and treat disease with radio waves, vibrations, magnetism and other unseen and unfelt wonders of nature. At the same time medical science is developing and using many new and wonderful machines for the purpose of genuine diagnosis and treatment of disease. Their machines are also impressive.

The difference is in the doctor. The practitioner who claims to have a great new secret discovery which can find disease and then send out waves to heal the patient is a vicious quack. The physician who claims that the device can help him with his diagnosis is sincere. The familiar stethoscope and the electrocardiograph for gaining information about the heart are examples of these worthwhile tools.

Evil or unsound practices in the fields of food supplements, health foods, diet plans, drugs and cosmetics are so widespread that almost every citizen of Florida has been a willing or unknowing participant or victim at some time. Again, we must say reports on these cover hundreds of pages.

The phrase "food supplement" is a broad term, but it can be defined generally as meaning any product offered for the purpose of mixing with other foods, or taken in addition to other foods to give the consumer additional vitamins, minerals and other elements whether needed or not in the average diet. It can do no harm in small quantities, but it is usually expensive, and the best food and nutrition authorities say the average person has little or no need of food supplements, and any use of them should be under a doctor's

direction. In most instances the victim has not been poisoned or killed by these practitioners. But in every instance money and precious time have been wasted, and true healing delayed.

No one is completely safe from at least the less vicious forms of quackery. The nation's best magazines have been duped into printing articles on weight reduction supposedly made possi-

still with us, but in forms and with claims that comply with the laws. Self medication with such products usually does little good, since the medical potency of such products must be quite low to conform to legal requirements. A doctor can and will prescribe exactly the right medicine in the right strength to give you the results you need.

There are, of course, some ex-

**Most quacks and frauds are careful to look and talk like regular doctors. But most authorities agree that the following check points are valuable in identifying an unconventional practitioner. None of the characteristics listed below are against the law when shown by a licensed practitioner but they are not the traits of the recognized members of the profession.**

**A quack may offer a treatment available only through him—a "secret" cure"**

**Angrily claim he is being persecuted by the "medical trust."**

**Offer testimonials or show other patients whom he has "cured"— they may not have had the disease at all and were thus quite easy to cure.**

**Refuse or discourage consultation with your doctor.**

**Advertise: claim to cure or prevent disease; guarantee results.**

**Sell something unusual or that nobody else has: medicine, devices, treatment, pamphlet, lectures.**

**Operate a religious cult, thus protecting his business from interference by the law.**

ble without food intake reduction. Some of the nation's drug manufacturers have occasionally been enjoined against making exaggerated claims for their products.

The patent medicine, plague of our grandfathers with its outrageous and harmful claims, is

cellent products among the patient or proprietary medicines. Doctors use and recommend many of them, and druggists—not drugstore clerks—occasionally recommend remedies for simple ailments. Generally speaking, however, the patent medicine is to be avoided as





**Is this man really interested in curing her? Many quacks use worthless devices to victimize the elderly, the chronically ill and extend false hopes of cures for arthritis, rheumatism and other diseases with "electronic vibrations," "magnetism" or other invisible powers.**

either too weak to do much good, or too likely to cause its user to delay good medical treatment.

These few warnings do not cover the hundreds of dangers to which the public is exposed by these quacks. They all boil down to the use of common sense, caution and the realization that true healing or weight reduction comes slowly, and only according to nature's laws.

### **Who Falls for Quackery?**

It is frightening to realize that nearly all of us can become

victims of the quacks. Their approach is subtle, and apparently so logical.

A recent study by a group of psychiatrists started from the premise that the modern, ethical medical man, no matter how great his knowledge, skill and facilities, must deal at all times with the grim fact that the human organism will grow old and decrepit and die. He cannot pretend anything else to his patient. The quack, without ethics, can and will pretend anything.

The psychiatrists divided

mankind into two broad classes: the intelligent, educated and well adjusted who are well aware of the facts of life; and the ignorant, gullible and superstitious. The first group tended to go along with conventional medicine to a point—a point at which patience and resources had been exhausted without satisfactory results, and then clutch at almost anything offered by a quack as a last resort, the straw of the drowning man, with an attitude of "What have I to lose?"

The second group, as might be expected, would be quack bait from the start. Believing, or wishing to believe in childish magic; having a little or much dislike for authority or power systems controlled by higher strata of society; and being prone as they are to follow the

demagogue, whatever his call, they fall quick prey to the blandishments of those who work for the patient's confidence, rather than against his disease.

## **WHAT MUST BE DONE**

### **Education**

Each individual must educate and protect himself against quackery. The physician believes he is right and proceeds toward the goal of healing. In many instances this may involve procedures distasteful to the patient—long days in bed, proper diet, exercise, medication, treatment. But the quack is usually well versed in practical psychology. He senses that the greatly overweight woman dearly loves her daily sundae at the drugstore, and blithely assures her

### **Patent Medicine**

**When you are urged to buy a new patent medicine, many of which are legitimate, ask yourself the following questions:**

- 1. What claims are made for the product?**
- 2. What does the label say?**
- 3. What quantity are you getting for your money?**
- 4. Who makes the product?**
- 5. Is it an old remedy "dressed up" to look new?**
- 6. How much are you paying for advertising?**
- 7. Does the advertising offer testimonials?**
- 8. Does the advertising "run down" other like products?**
- 9. How do you know that you need this particular product?**

that she may go right on eating her sundaes while reducing by his method. She then goes out and sings the praises of her new "doctor."—At last she has found one that "has some sense."

Don't laugh too quickly! Did you ever change doctors trying to find one who would clear up your cough without telling you to quit smoking? Did you try one of grandma's onion poultices on your child's chest to cure "congestion"? If so, you have acted in the same way as did the overweight lady. The quacks are looking for people who seek cure or relief without using factual knowledge or critical evaluation.

Education against quackery must begin in the early grades of school. There the child can be started on a course which will give him progressively more advanced knowledge of the make-up of his physical being, how it works and how to protect it from abuse. He must be taught, especially in his later years, how to evaluate the various health services offered him by the different professions in the field.

To enlighten the youth, it will be necessary for educators to know and believe that health education is an important part of the preparation of a student for living in the world, and that self-protection against quackery in all its devious forms is a

worthwhile addition to the health education curriculum.

One thing which is important at the local level is that the teacher who is going to instruct pupils in health subjects—which include not only quackery but also other controversial and political matters; such as fluoridation of drinking water — be protected against intimidation by small, highly organized and extremely militant pressure groups which often exist in the community. This can be done only by action of those who know the scientific facts and are willing to speak up loudly and clearly enough to make their efforts prevail. The teacher can do a good job only if she knows she is supported by the bulk of the community, and can ignore the pressures brought to bear by small minorities.

## Enforcement

Local, state and federal laws are far from quack-proof. They have been improved, but they are not perfect. Even if an outright fraud is operating, legal procedure sometimes takes months or years to bring him to justice.

Legal processes are usually slow. The courts' calendars are crowded, and each case must wait its turn. The enforcement agencies are usually understaff-

**Is he interested in her health or her money? The door-to-door peddler offers food supplements at exaggerated prices and with outlandish claims for their "life-giving" and "energy - building" powers. The product may be labeled according to the law but the peddler's spiel may break state and federal statutes.**



ed. There are 12 state inspectors and three federal agents to control quackery in Florida. The state inspectors also have many other duties, such as enforcing laws concerning the operation of drugstores, the narcotics statutes, the registration of practitioners and other laws. A quack could go unnoticed for many months under such circumstances. Another factor is that a licensed practitioner has much latitude within the law, and can go rather widely afield in his health practices. If he does, the law says that the governmental agency must prove he is doing wrong, not that he must prove he is doing right. The govern-

mental agency must take the time and effort to accumulate evidence and witnesses that will demonstrate that the quack is doing harm.

This brings us to what may be the most important factor in bringing quacks to justice. People who have been harmed or deceived must be willing to testify. They are often reticent to do this. It shows them in a bad light—not very smart. But unless they will do so, the same quack will go on harming or robbing other victims, and the enforcement agency will have to stand by helplessly until some other witnesses become available.

**A quack bases his success on two human traits:**

- 1. Fear of death, surgery and pain**
- 2. Hope of miracles**

If you have any information, or even any suspicions about the operations of a quack—whether he has some sort of license on his office wall or not—tell your doctor, the County Health Department, the nearest state or federal food and drug or narcotics enforcement inspector, or the local police or sheriff. Use caution. Do not embarrass a fine practitioner with a good reputation simply because he fails to bring about some miracle of healing.

### **What Others Are Doing about Quackery**

It may be surprising to learn how much effort is being expended by official and unofficial agencies to defend you and your family against quackery. Many readers of **Health Notes** have never seen a quack. Their entire experience has been with legitimate healers. But the leaders of our state and federal enforcement agencies and voluntary health associations have seen the damage quacks can do.

For example, representatives of the American Cancer Society have seen those who have

thrown away their life's savings and mortgaged their homes to pay for worthless treatment. They have seen patients in the last stages of cancer who have only weeks left to live, who might have been saved if they had had the right treatment early enough. The story is repeated time and again.

A list of the major organizations, professional, governmental and voluntary, who battle charlatans and frauds in medical quackery would include: American Medical Association and all of its departments and committees, American Pharmaceutical Association, American Cancer Society, American Dental Association, Arthritis and Rheumatism Foundation, Association of Food and Drug Officials of the United States, Federation of State Medical Boards, National Association for Retarded Children, Inc., National Better Business Bureau, U. S. Post Office and Food and Drug Administration.

### **And finally —**

The best thing you can do to protect yourself and your family



against medical quackery is to **know the truth** (not just the facts) and act accordingly. Every family should have a family doctor; a physician who knows each member of the family as a whole person, sick or well over a period of time. Such a doctor becomes a trusted confidant of the family and can be of great help in times of greatest trouble. This physician keeps records of the family's health development and would be the first person consulted in time of sickness. Quacks get little busi-

ness from families who operate in this manner.

Remember that better ways to health—better treatments, medicines and procedures—are coming along daily, and that if they are valid and worthwhile they will **always** reach you through the licensed practitioners you have known and trusted in the past. These good things you have and pray for will **never** reach you through a peddler, lecturer, "secret" healer, or by mail order.

Just remember—when you see a quack coming—duck!

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Here are some examples of medical quackery in Florida taken from the files of the Florida State Board of Health's Bureau of Narcotics and the U. S. Post Office:

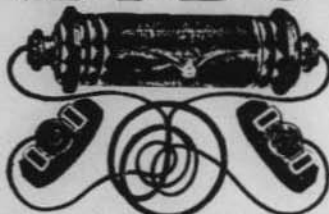
- A mail order house offered worthless mixtures which would "cure" tuberculosis, diabetes, stomach trouble and baldness. When the serious symptoms of advanced tuberculosis were described by a postal agent to the operator **in a letter**, he replied that his medicine would cure it right away.

- A quack made the sad mistake of examining a healthy inspector from our Bureau of Narcotics. He attached wires from a Rube Goldberg machine to the "patient's" body, and all sorts of little lights lit up on the machine, which made ominous buzzing sounds. The "doctor" said the inspector had heart disease, kidney disease, lung disease, etc., and charged him \$25. Then the inspector "charged" the quack—and turned him over to the courts for prosecution.

- One of the first cases tried in the courts after the State Board of Health was given the responsibility for the enforcement of the medical practice laws was one of a "doctor" who had practiced for 30 years in an isolated community without interference. He was fined \$50 after a woman died following the taking of his medicine and advice. There was no proof that he had caused the death.

- A Tampa clinic apparently sent a man in a white coat to at-

# OXYBON



**Something New! Different! Unexpected!  
Wonderful!**

**READ! LISTEN! DON'T MISS! INVESTIGATE!**

Here is the best thing ever happened. Hundreds of years coming—here at last. So startling you may not believe it at first—yet absolutely true.

## INGENIOUS DOCTOR INVENTS

A New Instrument that actually cures disease without the use of medicine.

**No Medicine! No Bril! No Battery! No Electricity!**

Amazing, but True. Proven, Fact. No Experiment. Doubles gives Full Details. Thousands Praise It. Unlike anything you've seen or heard of. It is NOT sold in drug stores.

**THE OXYBON CO.**

208 N. FIFTH AVENUE

CHICAGO, ILL.

**OXYBON** actually makes nature cure disease by causing the body to absorb oxygen.

## DR. CHAMLEE'S CANCER SPECIFIC

Purifies the Blood and Removes all Cancer Virus from the system. It will prevent the return of Cancer if taken freely for three or four months after the Cancer is removed.



We will not be responsible if Cancer should come in another place, unless at least three bottles have been taken.

It is the only remedy that has ever been discovered to cure Cancer in the blood.

**DOSE — Teaspoonful in Water Before or After Meals**

Our grandfathers were victimized by advertisements like these. The useless tangle of wires was guaranteed to cure disease by "causing the body to absorb oxygen." The other product was a liquid — guaranteed to cure cancer.

tend a seriously ill man. The attendant gave the victim an enema, an emetic and several shots in the arm, and then watched him die. The attendant admitted he was not a doctor. When arrested this attendant admitted to 22 charges of practicing without a license. He was placed on probation.

- A Belle Glade man, a second offender, went to Raiford prison for pretending to cure polio by allowing a hot solution in a metal can to pass through a rubber tube into another can. He said this drew away the polio.

- "The Prophet of Port St. Joe" went to prison after committing acts in the name of medicine that are unprintable. He narrowly escaped lynching.

● A 75-year-old retiree in Winter Park decided to be a doctor, so he just went ahead and did so without bothering about a medical education. The inspectors from our Bureau of Narcotics nabbed him before he could do much harm. When arrested he told the agents he thought they ought to have more important work to do than interfere with his affairs.

### **Listen to Some Advice from People Who Know**

"Florida is 'about average' in the seriousness of its quack problem, and in its enactment and enforcement of laws against it. The state has good laws concerning the examination and licensure of practitioners of the healing arts, and these are well enforced. But the practices and treatments which these licensees may use are broadly defined, and a great deal of latitude is permitted the practitioner."

—Wilson T. Sowder, M.D.  
Florida State Health Officer

"We wish to call attention to the victimization of elderly sufferers from arthritis and rheumatism by advertising clinics in the Miami area, and to a similar advertising clinic in Tampa, for elderly sufferers from prostatic disorders. Florida authorities should look to the need for adequate remedial state legislation when it is realized that by reason of superb climate and the natural desire of elderly people to retire, extra efforts should be made to see to it that they are not victimized by quackery."

—Oliver Field, Director  
Department of Investigation  
American Medical Association  
(speaking before the Special Committee on  
Aging, United States Senate, George Smathers,  
Florida, Chairman)

Among the world's most despicable people are those who offer fake cancer cures. They gamble with human life for the sake of monetary gain. Cancer patients who patronize anyone other than reputable doctors of medicine are denying themselves the possibility of cure, or in any event an extension of life, which could be attained by obtaining diagnosis and treatment from competent doctors. The sadness, sorrow and suffering caused by improper diagnosis and inadequate treatment for cancer is appalling, and there is no adequate way of measuring these items. We feel that the state legislature has a great responsibility to the citizens, and

should enact legislation to put the quacks completely out of business."

—L. H. Peterson, Executive Vice President  
American Cancer Society, Florida Division, Inc.

"Each year in Florida some of the 309,528 arthritis sufferers are cheated out of \$7 million by promoters of fraudulent cures and treatments. More serious than this waste of money is the patient's loss of faith in legitimate treatments which offer genuine hope for relief. The Florida Chapter of the Arthritis and Rheumatism Foundation suggests to all arthritics: When in doubt, see your physician or write to the chapter for authentic information."

—Ralph E. Nollner, Executive Director  
Florida Chapter, Arthritis and  
Rheumatism Foundation

**Remember:**

**Food supplements and vitamin preparations are unnecessary for the average healthy person.**

**There is no such thing as a "health food." A completely adequate balanced diet is available at the neighborhood market.**

**Weight reduction is best carried out when food and calorie intake are reduced.**

**Arthritis can seldom be cured. It can be relieved only by methods now commonly known to regular practitioners. ALL other claims are false.**

**Cancer can be cured in more than half of all cases if found and treated early by a competent physician. ALL other claims are false and may cost your life.**

**Any product claiming to cure, or to alleviate a wide range of diseases should be examined with suspicion and discussed with a medical doctor.**

**Any person offering to sell medicine, devices, pamphlets or charge admission to a lecture should be checked with a conventional practitioner or the County Health Department before you turn over any cash. He is in business, not a profession, and you should be wary. This statement does not apply to druggists.**

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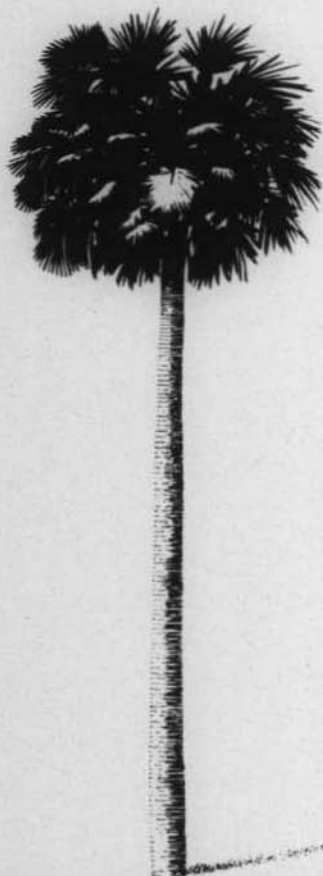
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**FLORIDA STATE BOARD OF HEALTH**

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A black and white photograph of a modern building with a prominent corner section made of large, light-colored rectangular panels. The building has several windows with dark frames. A flagpole stands in front of the building, flying the American flag. The sky is clear. In the foreground, there is a paved area and some low-lying vegetation.

# FLORIDA HEALTH NOTES

VOLUME 35 NO. 3

MARCH 1963

Death Is Regulated  
FLORIDA STATE LIBRARY

This becomes a legal record when properly executed and will be placed in permanent file.

STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH  
FLORIDA

STATE FILE NO. \_\_\_\_\_  
REGISTRAR'S NO. 64-200

1. PLACE OF DEATH a. COUNTY Duval		CODE NO. 26-083		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Florida		b. COUNTY Duval	
b. CITY, TOWN, OR LOCATION Jacksonville		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY, TOWN, OR LOCATION Arlington		d. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) St. Vincent's Hospital		e. LENGTH OF STAY, IN DAYS 10 days		d. STREET ADDRESS 6703 Dancy Street		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle Edward Last Doe, Sr.		4. DATE OF DEATH Month January Day 14 Year 1964		9. AGE (In years last birthday) 68		10. IF UNDER 1 YEAR OF UNDER 24 HRS. Months Days Hours Min.	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH December 31, 1895	
10a. USUAL OCCUPATION (Other kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Wholesale Grocery		11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME George W. Doe		14. MOTHER'S MAIDEN NAME Martha Jones		17. INFORMANT'S SIGNATURE John Edward Doe Jr.		Address 6703 Dancy Street, Jacksonville, Fla.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If so, no. or unknown) If yes, date and place of arrival Yes World War I		16. SOCIAL SECURITY NO. 012-32-6789		17. INFORMANT'S SIGNATURE John Edward Doe Jr.		Address 6703 Dancy Street, Jacksonville, Fla.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia		Interval between onset and death 2 days		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) Influenza		Interval between onset and death 10 days					
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
20a. (Probable) ACCIDENT SUICIDE HOMICIDE		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from Death occurred at January 4, 1964, to January 14, 1964, and last saw him alive on January 14, 1964, at 2:30 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Type or title) T. M. Best M. D.		22b. ADDRESS 123 Jones Road, Jacksonville		22c. DATE SIGNED Jan. 14, 1964			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 16, 1964		23c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery		23d. LOCATION (City, town, or county) Jacksonville, Florida	
24. FUNERAL DIRECTOR'S SIGNATURE W. E. Service		ADDRESS Jacksonville Florida		25. DATE RECD. BY LOCAL REG. Jan. 15, 1964		26. REGISTRAR'S SIGNATURE I. M. Prompt	

Write plainly with permanent black ink or typewriter

Funeral director must file the certificate with the local registrar within 72 hours after death or before making any disposition of body.

All items are to be complete and accurate.

V.S.#612  
Rev. 1956

This sample death certificate, complete with the signature of the informant on personal matters, physician, funeral director and registrar, shows that John Edward Doe, Sr., died of natural causes.

# DEATH

*is regulated*

No one likes to talk about death, tho it is a part of life. But today death is no longer a private affair. Years ago when our country was sparsely settled, the recorders of births and deaths in the towns and cities were frequently the pastors of churches. Families of vast wealth were careful to keep such records for the purpose of inheritance rights. Many families kept these records in their family Bibles. Those who lived in rural areas did not attempt to note these events with any official.

In modern times, when so many of us live closely together (Florida is now 70 per cent urban and 30 per cent rural), it is essential that we carry out the last rites in an orderly, dignified manner that protects the rights of the deceased, those of his relatives and the community.

There are Florida laws and regulations to cover most aspects of the disposal of human remains. First, as everyone knows, a death certificate must be completed. Florida became a registration area in 1899 but due to the lack of funds no statewide system of registration was set up. Physicians merely mailed in the in-

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## FLORIDA HEALTH NOTES

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formation to the State Board of Health—when they thought of it. The state did not have a well organized system until 1915 when the Legislature passed the Vital Statistics Act. This went into operation on January 1, 1917 with a registrar in every county responsible to the State Board of Health in Jacksonville. Prior to this time, many major Florida cities had vital statistics regulations and kept their own records.

## *Why So Important*

**B**ereaved families often find themselves in need of a legally recorded statement of the facts concerning a death. Frequently they need to prove **who** died, **when**, **where** and **under what circumstances**. The death certificate is the primary source of this information, which is often needed to claim insurance, pensions, veteran's benefits, inheritances and to settle estates and establish property rights.

One of the most valuable uses of death certificates is the maintaining of statistical records. This is one reason why the State Board of Health is charged with the keeping of death certificates. Public health officials need to know how many persons die, the causes of their deaths, geographical locations and other important data in order to control communicable diseases, determine the incidence of specific causes of deaths, investigate the nature and place of occurrence of fatal accidents, establish the need for health programs and measure the effectiveness of health services.

Another important legal aspect is whether the death was attended by a physician or the person had died unattended. In cases of unattended deaths, the medical examiner, coroner or another person designated by law must determine whether the death was from natural causes or whether the person met death as the result of foul play.

The question of who inherits the estate of a deceased person or persons depends many times upon the time of death as noted on the death certificate. If a husband and wife are killed in an accident and the wife expired last, her heirs would receive the estate. If the husband was the last to die, his family would inherit the estate. Lawsuits are battled out frequently in the courts over the establishment of the time of death.



## *Who Is Responsible*

**T**he funeral director is responsible for filing a complete and proper death certificate for each case under his jurisdiction. He must also obtain the necessary burial-transit permit from the local registrar of vital statistics prior to interment (burial), removal of the body from the county or the expiration of three days. This is to assure the public health authorities that the death certificate is promptly filed and that the funeral director has complied with public health regulations.

The cemetery sexton or other person in charge of a cemetery is required by law to obtain a burial permit from the funeral director before permitting an interment in his cemetery. He must also maintain a record of all persons interred in the cemetery.

Each hospital or nursing home is required to maintain a record of all of the personal particulars needed to complete a death record for each of its patients.

## *The Death Certificate*

**A** death certificate must be filed in the county where death occurs or where a dead body is found. In Florida, death certificates are filed with the local registrar in the County Health Department and forwarded monthly to the State Registrar at the State Board of Health. Each of the other states has a similar organization for death registration. Deaths in a foreign country are registered with the proper registration officials in that country, and for a United States citizen a registration is also made with the U. S. Consul in that country, with a copy of the death registration being sent to the Department of State in Washington, D. C. Deaths which occur at sea are registered in ships' logs. Portions of bodies removed during the lifetime of a person

(such as an amputation) are not considered to be "dead bodies," and therefore do not require a death certificate. A presumptive death is a case where a person is presumed to be dead, but the body is not recovered; for example, a drowning at sea. Presumptive deaths are not registered with the State Board of Health. The responsibility for determination of a presumptive death rests with the courts.

A stillbirth (fetal death) certificate must be filed with the local registrar if the baby has reached the 20th week of gestation (four and one-half months) and is born dead. If there is a heartbeat or other signs of life at the time of birth and the baby then dies, it is considered a live birth and both a birth certificate and death certificate must be completed and filed.

The death certificate consists of three main parts: first, the personal particulars; second, the medical certification of cause of death; and, third, the funeral director's statement as to disposition. The funeral director is by law responsible for getting all portions of the death certificate completed (properly authenticated by the signatures of the informant on personal information and the medical attendant) and then seeing that the certificate is filed with the local registrar.

The personal particulars on a death certificate consist of the name of the deceased, his birthdate, birthplace, race, parents' names, marital status, social security number and several other items which are aids in proper identification. It is the funeral director's duty to obtain the personal particulars from the person best qualified to supply them (next of kin or hospital registrar) and then obtain the signature and address of this informant. Hospitals and nursing homes are required by law to make a record of these personal particulars on all of their patients and thus be ready to supply the information to the funeral director if necessary for purposes of completing the death record. Information concerning the method of disposition, the date and place of burial are added to the death certificate over the signature of the funeral director.

The medical certificate showing the cause of death is completed and signed by the physician last in attendance on the deceased. In cases where a person dies without medical attendance the medical certification is signed by either the coroner or the

medical examiner depending upon the law in that particular county. In most of Florida's counties, the justice of the peace is the coroner for all deaths occurring in his district. In counties which do not have justices of the peace, the county judge is ex-officio coroner. A few of Florida's larger counties have recently enacted medical examiner laws which provide that qualified medical practitioners be appointed to investigate and certify the causes for all deaths which occur due to violence, or deaths which occur without a medical attendant.

## *Embalming Regulations*

**R**egulations of the Florida State Board of Health are that a dead human body must be either embalmed or maintained at a temperature of 32 degrees Fahrenheit if it is to be held in any place or is to be in transit over 24 hours after the time of death. The regulations further require that all dead human bodies transported by common carrier must be properly embalmed before shipping. This is to retard deterioration since the body cannot be kept at the required temperature during shipment. A body which cannot be embalmed must be enclosed in an airtight metal casket or must be in a sound casket encased in an airtight metal or metal lined shipping case. Additional precautions are required for the following contagious diseases: smallpox, bubonic plague, Asiatic cholera, glanders, anthrax and epidemic meningitis. For these diseases, a dead human body can only be transported after it has been embalmed and in addition has been encased in an airtight metal casket or in a casket with an airtight metal or metal lined outside case.

## *Transportation*

*R*egulations require that a body which is to be transported by common carrier must be in a sound casket enclosed in a strong outside shipping case. (The outside case may be omitted when the casket is transported in a private railroad car or private airplane.) Bodies transported by other than common carrier (except funeral director's vehicles) must be encased in a casket or other suitable container which insures against seepage of fluids or escape of offensive odors.

## *Other Methods of Disposal*

*R*egulations of the State Board of Health require that bodies which are interred in **mausoleums** (an imposing above-ground tomb) or other types of vaults which are partially above ground shall be encased in an airtight metal or metal lined casket or other suitable container which will prevent any seepage of fluids or unpleasant odors.

The Florida State Law states it is unlawful to **cremate** any dead human body prior to the expiration of 48 hours after death. Several counties have laws which provide that the county medical examiner must give prior approval to any cremation. The delay of 48 hours is to assure the authorities that no unlawful act was committed, such as poisoning, etc.

## *The Coroner: An Ancient Office*

**T**he earliest records of a coroner date back to the 12th Century when the coroner was a knight of high position whose chief duties were somewhat like a treasurer, a tax collector and an attorney who was responsible for taking legal action in cases which affected the king's crown and dignity. As one of the king's officers, the coroner's functions were concerned with the properties of the monarch, to see that the king obtained his share of revenue from forfeited personal property of criminals, shipwrecks, royal fish, discovered treasure, whales swept upon the coast—and other miscellaneous duties. The success of the coroner depended greatly upon his diligence in seeking out such revenues. Since the people were subjects or property of the king, the death of a subject meant the loss of property to the crown and it soon became the duty of the coroner to investigate the nature of unexplained or unnatural deaths. In addition, the coroner received and tried appeals or accusations against offenders, much as the justices of the peace do today, kept records of and gave judgments of outlawries, and received the confessions and property of criminals who had fled beyond the reach of the king's law. All of these inquiries were conducted by the coroner with the aid of a jury, and the whole legal process was known as the "Inquisitio," a name which survives to this day in the word "inquest."

## *Exhumation or Disinterment*

**F**lorida law requires that a licensed funeral director be in charge of all disinterments (digging up the body). The funeral director must obtain permission from the person entitled to legal custody of the body. In all other cases, a court order is necessary before a body can be disinterred. In general, the attitude of the courts is that the sanctity of the tomb should be respected and a body suitably interred should not be disturbed. Therefore, an order for exhumation



is usually issued only when there is some controlling public reason (such as suspicion of unlawful death) or where it is necessary to aid the court in the administration of justice. A court order for disinterment may also be made where there is some superior private right which outweighs the general rule of sanctity of the tomb.

In addition to permission of the person who has custody of the body or the obtaining of a court order, the funeral director must also obtain a disinterment transportation and reinterment permit from the county health officer in all cases where the body is to be disinterred for transportation.

## *Custody*

While there is no right of property in a dead body in the ordinary sense, it is true that the nearest relatives of the deceased are recognized as legally entitled to its custody to lay it away in burial. The order of persons upon whom the duty of burying the dead revolves is generally recognized as follows: A, the surviving spouse; B, the next of kin, if of adult age; C, the coroner or other officer holding the inquest; and, D, if no inquest is held, the person charged with support of the poor.

If a person who is alone in Florida dies, authorities try to locate the next of kin. If there is no next of kin available and no one claims the body, it is offered to the State Anatomical Board to use for medical research by medical schools and colleges of the state. If the body is not accepted, the County Commissioners can designate someone to bury the deceased.

If all of the above fail to act, the duty of burial devolves upon the tenant of the premises on which the death occurred or if there is no tenant, upon the owner of the premises, or if death occurred upon a vessel, on the master of the ship. Notwithstanding these general rules, there is no definite standard with respect to the person who is entitled to custody. Should there be a contest, each case must be determined upon its own merits by a court of equity.

A person has the right to dispose of his body by will. If he

The medical examiner indicated on this sample death certificate that he performed an autopsy on John William Doe who died in a car-train accident and not from precipitating causes, such as a heart attack.

This becomes a legal record when properly executed and will be placed in permanent file.

Write plainly with permanent black ink or typewriter

Funeral director must file the certificate with the local registrar within 72 hours after death or before making any disposition of body.

All items are to be complete & accurate.

V.S.#612  
Rev. 1956

STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH  
FLORIDA

STATE FILE NO.

REGISTRAR'S NO. 10017

BIRTH NO.		CODE NO.		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)	
1. PLACE OF DEATH a. COUNTY		23-XXX		b. STATE	
Dade				Florida	
b. CITY, TOWN, OR LOCATION		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		c. CITY, TOWN, OR LOCATION	
Miami				Miami	
d. NAME OF HOSPITAL OR INSTITUTION		f. LENGTH OF STAY IN IS		4. STREET ADDRESS	
(If not in hospital, give street address) N.W. 11th St. between 8th & 9th Avenues		10 yrs.		1123 1/2 8th Avenue	
3. NAME OF DECEASED (Type or print)		5. DATE OF BIRTH		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
First Middle Last John William Doe		June 1, 1920		ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	9. AGE (In years (and birthday))		12. CITIZEN OF WHAT COUNTRY?
Male	White	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	43		U. S. A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Mechanic		Garage		New Mexico	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		17. INFORMANT'S SIGNATURE	
William J. Doe		Mary Smith		William J. Doe	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO.		Address	
Yes World War II		123-45-6789		1123 1/2 8th Avenue, Miami, Florida	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Exsanguination</u>  Conditions, if any, which gave rise to above cause (b), stating the underlying cause last: DUE TO (b) <u>severe crushing injury of chest, liver and spleen</u> DUE TO (c) <u>external trauma</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					
19. INTERVAL BETWEEN ONSET AND DEATH					
20a. (Probably) ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Driver of automobile involved in automobile-train accident					
20c. TIME OF INJURY Hour: 6:55 P.M. Month: 1-12-64 (From officers report)					
21a. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. CITY, TOWN, OR LOCATION Miami, Rural Dade Florida	
21. I, <u>J. D. Goode</u> , <u>Medical Examiner, Miami, Fla.</u> , do hereby certify that the above is a true and correct statement of the facts as stated above, and to the best of my knowledge, from the causes stated. Death occurred at <u>2:20 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>J. D. Goode</u> (Deputy or title)		22b. ADDRESS M. D. Medical Examiner, Miami, Fla.		22c. DATE SIGNED Jan. 14, 1964	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. NAME OF CEMETERY OR CREMATORY		23c. LOCATION (City, town, or county) (State)	
Removal		Restland Cemetery		Albany New York	
24. FUNERAL DIRECTOR'S SIGNATURE <u>Jim Brown</u>		25. DATE RECD. BY LOCAL REG. Jan. 14, 1964		26. REGISTRAR'S SIGNATURE <u>Helen Bailey</u>	
ADDRESS Miami, Florida					

## *The Cafe Coronaries*

**N**ot infrequently, a middle-aged or elderly person, dining in a restaurant and conversing with friends, ceases to eat and talk, perhaps chokes and suddenly collapses at the table. Sometimes there is a physician present who tries to aid the stricken person but the patient is often dead by the time he reaches the hospital. Because of the suddenness of the attack and the age of the person, the family physician attributes the death to natural causes, and more specifically, to coronary artery diseases. If a medical examiner performs an autopsy, he may discover that the person died of a large piece of food (frequently meat) which became stuck in the larynx or pharyngeal end of the esophagus (upper end of the food canal) and which cut off air to the lungs. This food frequently shows little signs of having been chewed and in one instance a piece one inch wide, one inch deep and three inches long had lodged in a woman's throat. The precipitating factors in such deaths are alcoholism, poor-fitting dentures or no teeth at all and atrocious table manners (taking extremely large bites).

so desires, he can leave his body to a medical school or he may wish to donate only a part of his body. Many persons will their eyes to eye banks to help those who are blind or whose vision could be greatly improved by a transplant of certain parts of the eye.

## *Autopsies*

**I**n general, the person entitled to custody of the body is the one to whom the physician, medical examiner or coroner looks for consent to perform an autopsy. Of course, if there is reasonable ground to believe that the death was due to foul play or to any other cause which would necessitate holding an inquest, the coroner or other official responsible has the right to have an autopsy performed to determine the true cause of death.

In a scientifically interesting medical case, a physician may ask the next of kin for permission to perform an autopsy prior to the death of a patient. Usually the family grants the request but they have the right to refuse. If the person dies and the autopsy is not

performed, the death certificate may note "cause unknown." Even then, there may be no inquest because the person died of natural causes and not as a result of foul play.

The justices of the peace in Florida act as coroners insofar as they may hold inquests. It is the coroner's duty to make an investigation into the facts and circumstances surrounding the death and give his opinion as to the cause of death. If there is reasonable ground to believe death was caused by criminal acts or negligence by another, he may be assisted by a coroner's jury, which consists of six persons selected by the sheriff or constable from spectators at the scene of an accident or citizens living in the district in which the death occurred. In some instances, the official may request the assistance of a qualified physician in making a decision.

## *Medical Examiners*

**I**n a few Florida counties, there is an officially appointed medical examiner. These are Alachua, Brevard, Broward, Dade, Duval, Escambia, Hillsborough, Manatee, Orange, Palm Beach, Pinellas and Sarasota.

A medical examiner, according to the best medicolegal advice, should have the following qualifications: knowledge of bullet wounds and their significance, the ability to remove properly and examine the neck organs from a strangulation case, the ability to distinguish between death due to drowning and death preceding immersion in water, knowledge relating to osteology, fingerprinting, handwriting, photography, poisons, fabrics and ballistics in addition to his basic knowledge of pathology and anatomy. In short, these should be physicians who are not only trained as pathologists but who have had special interest and training in the field of forensic medicine (the relation and application of medical facts to legal and criminal problems).

Medicolegal cases (those investigated by a medical examiner) are not limited to deaths from violence and suspected violence, but may involve many deaths from natural causes which are sudden and unexpected or which occur without medical attendance.

The proper investigation and certification of deaths have significance beyond the investigation of deaths involving criminal violence. The courts spend much time hearing civil actions concerning the cause and manner of death: accident, suicide, homicide,

natural cause, etc. Our main interest at the State Board of Health would be in those infectious or potentially epidemic diseases where diagnoses can only be made after competent medicolegal investigation.

Such a system of medical certification of medicolegal cases is thought desirable so

**that the innocent shall be exonerated.** Although the function of the medical examiner is frequently thought of as an aid in crime detection, his greatest value to the police is to clarify the cause of death where doubt has cast suspicion, or has led to some speculation regarding what happened to the victim.

A case in point is that of the divorced man who was making repairs about (outside) the home of his ex-wife. After about an hour, he went to the door, found it locked and called a police officer. His ex-wife was found dead on the floor. About one side of her neck was a line of reddish "abrasions." On the floor in an adjacent room there was some twine. Unmailed personal letters to friends of the victim indicated that she had felt that her ex-husband had been lying about her and attempting to cause trouble.

Needless to say, the evidence was sufficient to cast strong suspicion upon the ex-husband. The mark on the throat, as well as the twine in the next room, indicated to the police that the victim might have been strangled.

An examination of the scene by the medical examiner clearly indicated that the marks were of postmortem nature (after death)

## *Primary and Secondary Causes*

**P** rimary and secondary factors are important in determining the cause of death. This is especially true in the matter of insurance policies. If a man, who is covered with a policy that has a double indemnity clause, is killed when his car goes out of control and hits a tree, the beneficiary of his policy can collect double the amount of the policy. If the medical examiner finds that the man died from natural causes (such as a stroke or heart attack) before his car struck the tree, the double indemnity clause does not apply. The beneficiary can collect only the face value of the policy. (NOTE: Item 18 Cause of Death with immediate cause (a) and secondary causes (b) and (c) on Death Certificate, inside of front cover.)



and caused by ants which had crawled along the collar and bitten the skin. Further examination of the premises revealed the presence of sleeping pills. The police were advised of the significance of these observations. Shortly thereafter an autopsy confirmed that death was caused by these pills. Further investigation by the medical examiner brought to light psychiatric records which clearly indicated the mental instability of the ex-wife and her delusions that her former husband was persecuting her.

**that murder shall be recognized.** Sudden death is often written off as a "heart attack" or some other natural disease without the benefit of an autopsy examination or thorough study. One wonders how frequently hidden murder is unrecognized because of the lack of investigation into the true cause of death.

An example: A middle-aged white man was drinking beer in a bar. He complained to the bartender that the beer had an off flavor and was given a fresh bottle and glass. A few minutes later he went to the restroom and shortly thereafter staggered out obviously ill. He died in the taxi which had been called to take him home.

In a man of this age with the story of a sudden attack of "indigestion" one might easily write this off as a "heart attack." However, the autopsy examination disclosed the need for a toxicological examination (a test for poisons in the vital organs) which revealed evidence of parathion, a poisonous insecticide.

The police were notified that this was not a natural death. After intensive investigation, it was proven that a drop or two of parathion had been placed in his beer glass by a woman friend who left the bar before he became ill. This woman was tried and convicted.

Without proper medical investigation this case would have been totally missed. If the body had been embalmed prior to autopsy, no amount of investigation could have proven the role of the poison.

**that the criminal and civil courts shall have well-documented, sound and impartial evidence.** Recently a case arose where an individual died as a result of heart disease and strokes. There had been a previous fracture sustained in a fall two years previously. A law suit was still in progress over the liability for the fall. There was a medical opinion to the fact that the fracture, now healed, had played a role in the development of the stroke.

The medical examiner was notified and investigated the case. The victim was found to have died as a result of a totally un-

Wilson T. Sowder, M.D., the State Health Officer, is state registrar of vital statistics in Florida by virtue of the nature of his position. The County Health Officers of the 67 County Health Departments — plus the City Health Officer for the City of Jacksonville—are the local registrars for their units.

suspected brain tumor rather than a stroke. It is quite obvious that this information would be of extreme value to the court in the determination of the true facts of the case.

**that hidden hazards to public health shall be revealed.** One often considers public health hazards in terms of infectious disease. However, other types of public health hazards are encountered in the course of death investigation.

Carbon monoxide is an ever-present potential public health hazard unless carefully searched for, recognized and prevented. There have been encountered cases of death or illness from poorly operating gas refrigerators enclosed in small apartments cooled by a window-type air conditioner. Similar events have occurred in the winter when windows were tightly closed to conserve the heat. Such poisonings have been observed following the use of charcoal for home heating purposes or following the use of improperly adjusted and dirty space heaters.

Sometimes these cases are erroneously called "food poisoning" or "virus epidemics." Only an ever-present awareness coupled with knowledge of the circumstances surrounding death may lead to the necessary testing to determine the true case of death.

**that industrial hazards shall be exposed.** Because of the complexity of Workmen's Compensation laws and the role of government in the administration of such laws, it is essential that the death investigation surrounding an industrial accident should include an autopsy by a medical examiner. He is then in a position to help uncover the underlying causes of the fatal accident as well as being able to correlate the findings with other similar accidents as an aid to education and prevention of future incidents of like nature.

Numerous examples can be cited. For example, a fireman fighting a cellar fire in dense smoke was found drowned in the water which collected upon the floor. He was wearing an all-purpose safety mask which was thought to give protection. Investigation by the medical examiner disclosed a high level of carbon monoxide in the blood of the victim. Further investigation revealed that this type of mask should not be used in atmospheres of high carbon monoxide content. Such apparently was the case.

that the public interest shall be expeditiously served. All too frequently a single questionable or violent death is considered to be an individual responsibility of no concern to the general public or individuals other than members of the immediate family. On the contrary, all these cases taken together become of great importance to the public in matters of legislation and education.

Automobile fatalities, recognized as one of the most serious health problems in the country today, number approximately forty thousand per year. There were 1469 such fatalities in Florida last year. The factors leading up to these accidents include questions pertaining to the health and competence of the driver. Without adequate studies on the role of alcohol, drugs, natural disease and carbon monoxide poisoning from defective exhaust mechanisms, no proper legislation or approach to the problem may be made. In a five-year study of single vehicle accidents where a driver was killed immediately, 67 per cent have been found to be drinking. A small pilot study has indicated carbon monoxide in some cases. An occasional person who has taken drugs is encountered.

## *A Lasting Record*

When a person dies, he may be remembered for some time by his family and friends. Those who had a close relationship with him will doubtlessly remember him all of their lives but eventually they too will die. However, he will always exist on the permanent records of the County Health Department and the State Board of Health. Because of the death certificate filed with the registrar, the fact that he lived will always be a legal certainty. Presently many of Florida's birth and death certificates are being preserved on microfilm.

The death registration system indicates the importance of the

individual to society. It protects the interests of the individual and society by establishing true records of the facts of death and provides for an orderly means of regulating the disposal of the dead.

A medicolegal system promotes the interests of the individual and society by assuring that deaths which are unexpected, sudden and unattended or deaths from violence, foul play or unnatural circumstances are objectively investigated.

There are approximately 1,500,000 deaths in the United States each year and there were over 52,000 in Florida in 1962. Medical examiners and coroners determined the cause of death in about 20 to 30 per cent of these cases. Because they must decide how these people met their end, they play an important role in establishing official records and in shaping the vital statistics of Florida.

## *Getting a Copy of a Death Certificate*

Anyone who has a proper interest can get a copy of a death certificate. A person can write (or visit) his County Health Department or the Bureau of Vital Statistics of the State Board of Health in Jacksonville, giving the name of the deceased person, date and place of death and the name of the funeral director. The cost of the certified copy is one dollar.

Amendments to death certificates are varied and frequent. They must be accompanied by an affidavit and in many cases by substantiating documentary evidence. The most common changes are in birthdates and ages. Other types of amendments include: length of stay in hospital, date of death, place of death, social security number and parents' names. When the cause of death is amended (such as following an autopsy), the physician must fill out this statement.

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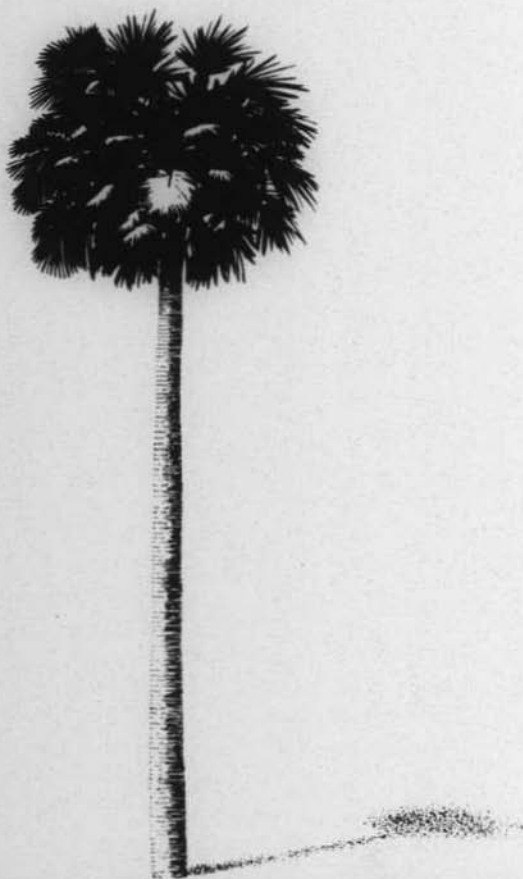
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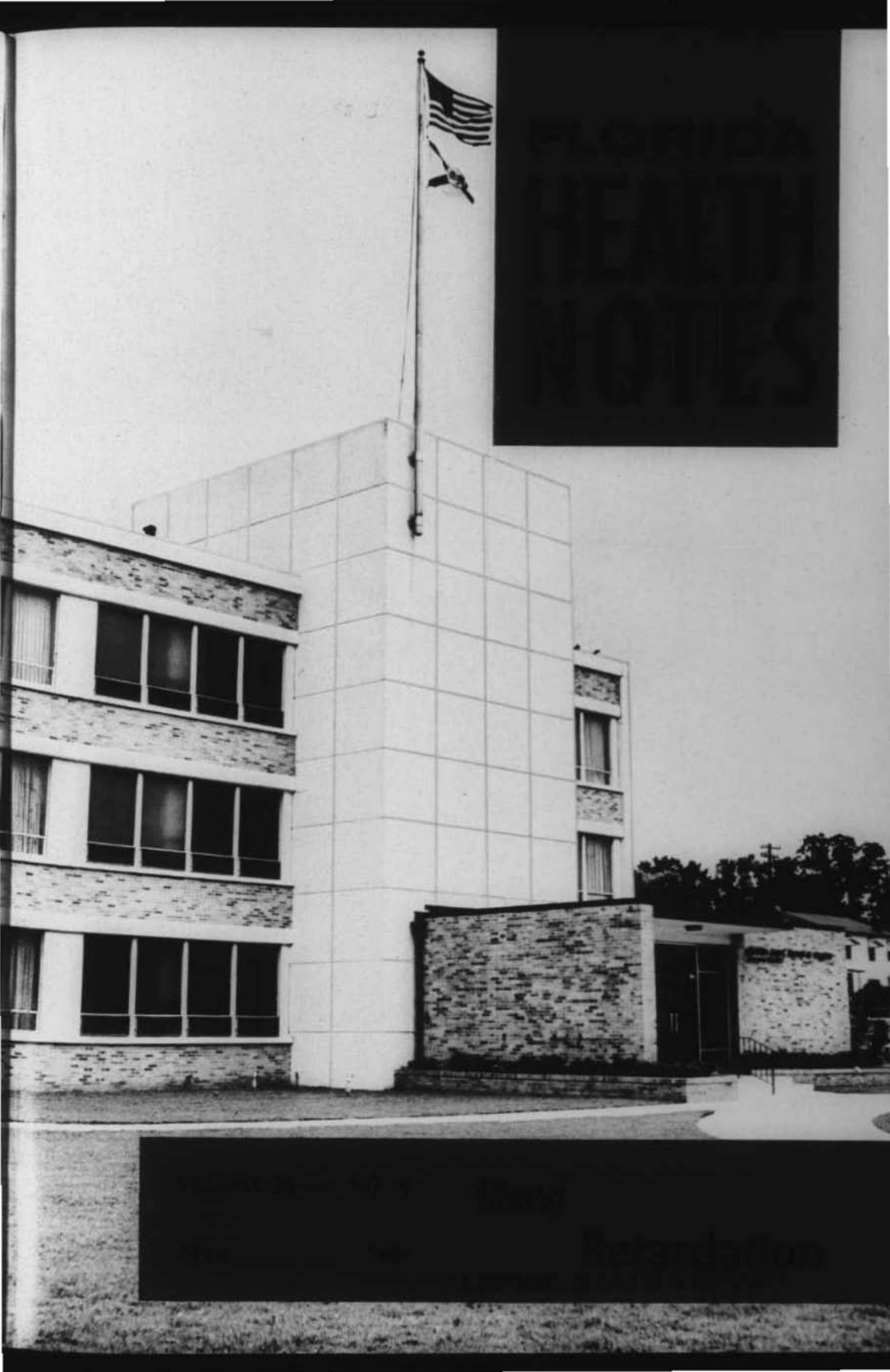
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NOTES



Many products are made in sheltered workshops where retarded persons operate a flower nursery, sewing machine and printing press. In a limited work section, a boy prepares newspapers for florists (bottom, right). Sports, such as basketball, are important activities, also.

*Mental*

# **RETARDATION**

## *Problem for Everyone*

On the same spring day two young women, Jane A and Ann C, left the hospital. They rode down the same elevator and emerged into the same bright sunshine. Each carried a bundle, blanket-wrapped, with the fragile, vulnerable but living feel that only a new baby has. From the outside the bundles looked alive — inside there was a difference.

### **The Tale of Bobby**

Jane was aware that her baby, Bobby, did not squirm and twist as her older children had. He lay limply, his little arms and legs floppy. Jane had been concerned in the hospital; Bobby had never seemed particularly interested in nursing; he hadn't cried lustily before feeding nor nursed with the touching eagerness of most young infants. He looked a little odd too, especially around the eyes. They were a bit slanted and a tiny flap of skin grew over the inner corners.

In the months that followed, Jane's concern grew. Although Bobby nursed better by the time he was four months old, he spit up a great deal and seemed to have a cold much of the time. His little head would bob about if Jane did not support it with her

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#### **FLORIDA HEALTH NOTES**

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hand, and he made no effort to lift it. The doctor's diagnosis was Down's Syndrome, a condition often known as **mongolism**, a term applied many years ago to some individuals because the eyes had a faintly oriental appearance.

One of Jane's most sickening fears was, "Will they want to take my baby away from me?"

The doctor's advice was, "What Bobby needs most during his infancy and early years is the love and warmth and closeness that only you can give him."

As Bobby grew, he learned to share in as many happy family experiences as possible. Like most children with this diagnosis, Bobby loved to express his affection. He laughed a great deal as he grew older, adored his sisters and brothers, was thrilled with picnics and boat rides, ecstatic over Christmas trees.

Talking did not come easily for Bobby, and his first words were not clear. He did not walk until very late. He was nearly 2½ years old when he finally toddled off by himself. The physician explained that although Bobby would not be able to attend regular school, much could be done for him in the way of training at local exceptional child classes. Time and circumstances would tell whether he would profit from a continuation of these classes, or whether at some later date he might benefit from residential training in a state school where facilities would be more complete.

At seven, Bobby was ready to widen his world and he was enrolled at a day school for exceptional children. After a brief adjustment, he was thrilled with his new opportunities. One of his classmates was the little fellow who had gone home from the hospital on the same day he did — Ann C's baby, Timmy.

### **Timmy's Story**

The story of Timmy was quite different. From a jolly, alert baby he had grown into a sturdy, inquisitive pre-schooler. When he was four, his older brother developed an ear infection, and his sister ran a fever and coughed. About the time they were recovering sufficiently to return to school, Timmy came down with a similar illness; he complained of earache, sore throat and became feverish. There were lots of bills, and Ann, hoping to avoid further expense, decided to give Timmy some of the medicine that the doctor had prescribed for the older children. She tried to call the physician but his line was busy. When Timmy's fever rose, she





**Retarded children receive new experience in classes which are jointly sponsored by a school district and an Association for Retarded Children. Students also learn woodworking in a small shop.**



gave him a dose, half of what the doctor had ordered for his eight-year-old brother.

Whenever Timmy's fever rose, she would give him a spoonful of the medicine. While he was taking the medicine, he felt better but as soon as the bottle was empty he grew worse. This time his fever stayed high, he vomited several times and complained that his head hurt. He went from a drowsiness into a deep, drugged-like sleep from which he was hard to waken. His mother became frightened.

There was a call to the doctor, a hurried trip to the hospital, then four endless days of spinal taps, injections and fluid dripping slowly into the small boy's veins. These were days of doubt and worry and self-recrimination for Ann, while Timmy lay in a coma. He had meningitis. The too-small doses of medicine which Timmy had received had held the disease in check, making him appear less ill, while the disease process had time to get a real hold on him.

After three weeks he went home and with proper care he recovered physically but scarring of his brain from the disease and the effects of the long continued high fever kept his mind from fully returning to normal.

## Retardation — A Major Problem

Both of these boys were mentally retarded: Bobby from an abnormality of his chromosomes that we do not at present know how to prevent and Timmy from an infectious disease that was not diagnosed and treated early enough. **These are only two of the many causes of mental retardation.** The problem is one of the most difficult to understand.

How do you define mental retardation? From the educator's viewpoint, the mentally retarded child is of subaverage intelligence that limits his ability to learn. Many parents have made up their minds before the child is born that he will reach higher educational goals than they did. When they produce a retarded child, they sometimes feel cheated. From the sociolegal viewpoint, the mentally retarded person is sometimes socially incompetent, unable to manage his own affairs and compelled to look to others for protection. The retarded child is frequently slow to mature physically and mentally.

How many retarded children are there? Approximately three

out of each 100 babies born will be retarded. There were 115,248 births in Florida in 1962. That means there were nearly 3500 retarded children born in the state that year. This figure nearly equals the population of Liberty County (1960 census) or Apalachicola, Brooksville, Atlantic Beach, or Punta Gorda and is nearly twice the resident population of the Sunland Training Center at Gainesville (the largest institution for retarded children in the state). Many of these children died soon after birth from complications such as congenital malformations, birth injuries, postnatal asphyxia (not enough oxygen reaching the blood from the lungs) and infections; but the problems of caring for those who live on are of concern to voluntary health agencies and state agencies, such as the Board of Commissioners of State Institutions, the State Board of Health and the 67 County Health Departments.

There are three general categories of retarded children:

The largest number (about 80 per cent) is composed of those who are educable and have a possible Intelligence Quotient (IQ) of 50 to 75. They can respond to training under supervision and are able to become reasonably productive citizens.

The next group (15 per cent) are children who are trainable. With IQs of 25 to 50, they can respond to training (feeding self, toilet use, etc.), and under supervision they can be taught to do simple tasks.

The third group (five per cent) are children who are seriously

### **PKU — A Dramatic Disease**

Phenylketonuria (PKU) is a condition that may exist in a newborn baby and if not detected and corrected early in life can cause brain damage and mental retardation. The condition results from the baby's body being unable to use one of the chemicals found in protein foods, such as meat and eggs. PKU is detected by a simple diaper test of the baby's urine and if present it can be prevented by prompt diagnosis and proper treatment. If suspected and diagnosed early, PKU can be treated by a food supplement. Your doctor will make the diaper test when your baby is two to three weeks old and the test should be repeated at regular intervals. A child who has PKU must be kept on a special diet and your pediatrician will tell you what he can or cannot eat.



**Psychological testing is an important part of education and research in sheltered workshops, day schools and Sunland Training Centers.**

retarded and who are completely dependent upon others to feed and take care of them for the rest of their lives.

### **Some Reasons for Retardation**

There are numerous causes of mental retardation. In some cases the reasons are fairly obvious while in others they may be quite obscure and difficult to determine. Sometimes X-ray, laboratory tests or observations which the physician makes as a result of a physical examination indicate a specific diagnosis. In some individuals (such as those with Down's Syndrome and other rare abnormalities) the general appearance is quite characteristic.

Children with Down's Syndrome frequently have light reddish hair while those with phenylketonuria (PKU) are typically blond and blue eyed — although this is by no means always true. More often, there are no such specific findings, but events in a patient's history form the basis for speculation on the cause. In some cases mental retardation may be accompanied by other physical defects.

In some hereditary types of retardation, the circumstances that lead to the birth of an affected child begin when his parents

marry. In such cases, it is the fault of neither parent but the results merely of the particular combination of inheritance. In other cases, the difficulty occurs almost immediately after conception as a result of an abnormal distribution of chromosomes.

In still others, trouble originates in the prenatal stage as the result of some infectious disease of the mother. German measles is one of the most hazardous of such diseases, and is sometimes responsible for blindness, deafness or congenital heart defects as well. In the past, babies were often born with syphilis contracted from the mother and developed brain damage as a result, but this is rare since the advent of penicillin. Occasionally X-rays of the mother, particularly if made early in pregnancy, can prove harmful to the unborn infant.

Incompatibility of the blood of the mother and her infant forms the basis for another condition which may result in a severe and permanent retardation. Sometimes the Rh factor is responsible for this, and sometimes the standard blood groups or "types." Lack of certain enzymes in the infant can cause abnormal body chemistry which in turn may produce damage to the brain.

During delivery of the infant actual mechanical trauma may damage the soft pliable head. Lack of oxygen at this time is poorly tolerated by the brain. It may occur if the mother receives too much anesthesia or pain-killing drugs resulting in a sluggish "sleepy" baby unable to breathe deeply enough or to expand his lungs by crying. Twisting or kinking of the umbilical cord may also cut off the infant's supply of oxygen.

Throughout a person's entire lifetime, he is always at some risk of an event which may result in defective mental functioning. Infections (such as Timmy's) can cause it and are more frequent in infants and young children who have not developed adequate resistance against these diseases. Head injuries from falls, automobile crashes or other accidents may occur at any age. Poisons are responsible for a significant number of cases — again these are most frequent in young children at the curious "getting-into-everything" stage when a bottle of aspirin or other medication, kerosene, cleaning material or insecticides left lying carelessly about may be the cause. Chewing on a crib rail covered with lead-containing paint has often been a cause of poisoning.



## Methods of Prevention

A wide range of measures are used to **prevent** mental retardation. Antibiotics and sulfa drugs control some infections; immunization and vaccines prevent other infections altogether. Thyroid hormone is used in cases where there is a deficiency. Surgery is helpful in other situations — it is used to drain excess fluid from the head or to permit normal growth of the head by separating bones of the skull if they fuse together earlier than normal. Special diets are used in diseases in which there is a derangement of body chemistry, as in PKU. German measles is prevented in mothers by the use of gamma globulin injections or exposing young girls so they will have the disease and become immune before they reach the child-bearing age. Blood tests during pregnancy are routine measures to detect syphilis; treatment may be then given to permit the birth of normal children. Self administration of drugs and patent medicines during pregnancy must be guarded against.

Good obstetrical care is a first defense against birth of defective infants. Regular prenatal care increases the likelihood of the birth of a normal baby in many ways. It allows detection of dangers before birth, such as deformities of the birth canal, toxic conditions in the mother or abnormal position of the baby. The mother's diet can be supervised. There is less chance that the child will be born prematurely, an event which greatly increases the hazards of retardation.

Skilled, modern care at time of delivery is equally vital. Regular supervision by the physician permits him to select the safest method of delivery; instruments, Caesarian section, or other special techniques where indicated. Over sedation of the mother must be avoided; drugs to relieve pain must be wisely selected and used in the lowest possible dosage. Anesthetics must be chosen carefully and skillfully administered. Local, rather than general, anesthesia sometimes increases safety.

These are only a few of the measures which can be taken to prevent retardation. Research is being carried on continually to find new preventive action.

## Dilemma of the Parents

"Your child is retarded." What impact do these words have



**A simple, illustrated story, told by their teacher, fascinates these boys at a Sunland Training Center.**

---

upon the mothers and fathers who hear them? Each person's reaction is different and his response is colored by his attitudes, beliefs and knowledge or lack of knowledge of what retardation really is. Perhaps one thing that all parents have is the lack of objectivity because this is their child and it is their lives that will be affected.

One of the most common reactions is that of guilt, particularly among the less well-informed, but often the feelings are repressed or disguised — even among the highly educated. The mother or father wonders if they did something wrong for which they are

being punished. Often there is a feeling of shame — as though this is a reflection on the health or mentality of the parents.

Sometimes this feeling of shame or embarrassment is so strong that the parents try to hide the fact of the child's retardation from friends and neighbors, often overlooking the child's needs. Some try to hide it even from themselves, denying it and refusing to admit the facts which are so painful to them.

A fortunately less common reaction is that of rejection of the retarded child. Some parents are so overwhelmed that they feel completely unable to cope with the situation. They fear that the child will have an adverse effect upon others in the home or will hamper their activities. Having had no experience with retarded individuals, they may have ideas that are far from reality. A few parents don't want to cope with the situation. Some fancy they can "forget the child if they put him away somewhere." There are always a few who shrug off responsibilities and attempt to shift them to the state. Their attitude is, "We pay taxes. Let the state do the job."

One tragic result of the feeling of guilt and shame, both for the child and his family, is that some parents will carry the child from doctor to doctor, from clinic to clinic, in search of someone who will offer a "cure" for the situation. Such parents are often preyed upon by poorly trained or unscrupulous practitioners, cultists of various sorts, who may prescribe a series of "treatments," always with highly optimistic promises.

In an effort to forestall parents' misdirected efforts on behalf of their child and protect their dwindling funds, and even though completely confident of their diagnosis, many physicians suggest that the parents take their child to see one or even two other competent physicians of their own choice or to a university medical clinic. The physicians may tell the parents of other mothers and fathers who have had similar problems and who meet with the local Association for Retarded Children. These parents have gone through the torment and struggle involved with a retarded child and are able to offer friendly understanding to the anguished family.

## **Responsibility of the Parents**

If the parents have exercised reasonable care against poisonings, accidents and have secured adequate medical care for the

child in times of illness, the parents are not responsible for the retardation — but they are responsible for the child. In some cities in Florida there are centers or clinics that provide diagnostic services for retarded children and/or classes for the trainable and educable children. There are 18 child guidance clinics affiliated with the State Board of Health which have some of these services. To demonstrate what can be done, the Developmental Evaluation

### ORIENTATIONS AT SUNLAND

Approximately 15 orientation programs for persons interested in mental retardation are held each year at Sunland Training Centers in Gainesville, Fort Myers, Marianna and Orlando. These are scheduled every two to three months by a public health nurse (employed by the State Board of Health) and attended by public health and social workers, nursing students, ministers, professional people and individuals from the State Department of Education and Vocational Rehabilitation Service of that Department. Private citizens may attend if they desire. The two-day programs include talks and panel discussions on the history, philosophy and work of the institutions, plus tours of the facilities of the Centers. Orientation programs are also conducted in communities across the state for parents and friends of retarded children. These are set up by the public health nurse and sponsored by the State Board of Health.

Clinic in Miami provides initial diagnosis for retarded infants; assists parents in the care of their children, if possible; provides follow-up services which keep check on the development of the child; and where possible, tries to improve the health situation in the home.

The MacDonald Training Center in Tampa (just to name one) is a private institution which can supply the parents with competent diagnostic services with the aim of helping the retarded individual become a useful member of society. Psychologists at such a center have a battery of tests which evaluate the child for such things as his general health and physical abilities, intelligence, emotional responses, reaction to others, memory of what he sees and hears, work responses, motivation, ability to follow directions and work habits.



**Children at Sunland  
provided with many  
their lives more pleas  
the Center's beauty  
available when the  
cottages have bright,**





Training Centers are  
comforts which make  
. The girls can visit  
ops; a dispensary is  
dren are sick; and  
cheerful bedrooms.



Every parent invests his dreams and hopes in a new baby — whether or not he is the first child or sixth or ninth. If the child is retarded, he needs his parents even more. He is the same as a normal child except his capabilities of learning and reaction are less than a normal child's. The child may be hyperactive (a situation in which he seems wound up like a mechanical toy) or he may be quiet, cooperative, undemanding. As any normal child, he needs good nourishing food, plenty of sleep, immunization from disease, correction of physical defects (such as glasses if he needs them) and careful nursing when sick. The love and affection given by his parents, family and friends will be returned by the retarded child.

The presence of a retarded child in the home needs an explanation to others, especially to his brothers and sisters. If the parents shut him away or refuse to talk about him, the problem of the retarded child is not solved. Other children in the family reflect the attitude of the parents.

Some benefits to the family may even result when there is a retarded child in the home. The members find a unity which they build up to protect the child. When he is fully accepted, his brothers and sisters will want him to play with the neighborhood children, take him for walks and entertain him.

Sometimes the retarded child rules the household. His wishes may take precedence over the wishes of other children, and they may be forced by their parents to give in to his wishes and demands . . . On the other hand, some brothers and sisters have acknowledged that they took advantage of the retarded child and worked through him to get something they wanted . . . The family that has a retarded child frequently finds it has a greater interest in other types of handicapped children.

## **Families Need a Normal Life**

When parents have a retarded child, they are frequently unwilling to leave him in the care of someone else and find themselves attending the child day and night. They have little chance for relaxation or relief, although such temporary respite may help them to carry on more effectively. Husbands and wives may seldom take a vacation together for if they have to take a child with them who is unhappy and antisocial in strange surroundings, the anti-

cipated embarrassment they think they would have to endure is more than they can bear.

Other brothers, and especially sisters, often find themselves the caretakers of a retarded child and share with the parents the burden of supervision. In lower socioeconomic groups, older sisters frequently become "second mothers" and have little opportunity to enjoy the usual pleasures and activities of a normal childhood. While the family must do what it can do to assist the child, it should not overdo it. The child must learn to do for himself; he must have some responsibilities; and if he is capable, be as self-sufficient as possible. A retarded and handicapped child can more closely unite the family, but it is also necessary for the normal members to have friendships with other people, to visit them and to have them in the home.

## Is There a Place for the Child?

What do you do with a retarded child once he has passed his infancy and it is time he started to school? Should he be kept at home or placed in an institution, such as a Sunland Training Center? Studies have found that children who are kept in the home where they are given individual attention by their mothers and fathers progress faster in dressing, toilet training and other simple tasks than those placed in institutions.

The family with a retarded child particularly needs continuing care by a personal physician. He is the one best qualified to supervise and plan the total care of the child. He may call upon other skilled people — social workers, psychologists, public health nurses and others — but he is the "captain of the team." If his contact with the family has been on a close and regular basis, he will be best qualified to help the family decide whether home care is preferable, or whether admission to a special institution can offer more benefit, and when is the best time in the child's life to take such an important step.

There are only a relatively small number of helplessly retarded children whose presence in the home places an impossible financial burden on the family. The age of the patient and family must be taken into consideration. Even the most devoted parents must remember that they will not always be alive to take care of the retarded individual. This fact must be kept in mind when provisions for permanent care is being considered for persons who will never be able to care for themselves. Sad indeed is the plight of the

**FLORIDA COUNCIL FOR RETARDED CHILDREN**  
400 North Adams Street, Tallahassee, Florida

**PRESIDENT**  
John Miklos

**EXECUTIVE DIRECTOR**  
Franklin F. Saunders

Following is a directory of the Associations for Retarded Children (as of September 1963) reported by the Florida Council for Retarded Children. Included are the names of the presidents and their addresses. For further information contact the Association nearest you. If you have a retarded child, they will be glad to help you.

- ALACHUA — Mrs. Sue Walker, 320 S. W. 12th Street, Gainesville  
BREVARD — Lt. Col. H. N. Good, P. O. Box 426, Cocoa.  
BROWARD — H. P. Davock, 605 S. E. 20th Street, Ft. Lauderdale.  
CHIPOLA — Mrs. Melvin Snowdon, Greenwood.  
CITRUS-HERNANDO — Harry Van Nortwick, Star Route 1, Box 65, Inverness, Tel. 726-1417.  
COLUMBIA — James E. Hanna, P. O. Box 467, Lake City. Tel. 752-0672.  
DADE — Abish A. Church, 658 N. E. 74th Street, Miami.  
ESCAMBIA — Eugene Petree, Jr., 424 Bay Boulevard, Pensacola.  
HILLSBOROUGH — Lewis S. Gallatin, 800 Bayside Drive, Tampa 9. Tel. 876-0187  
LAKE — Mrs. Ralph Oswald, 722 Moss Street, Leesburg.  
LEE — Richard C. Brannen, 2597 Cocos Avenue, Ft. Myers.  
LEON — Harry Mitchell, 1105 Browning Drive, Tallahassee.  
MADISON — G. A. Barnette, Barnette Bakery, US Highway 90, Madison. Tel. 971-5455.  
MARION — Bill Perkins, Route 5, Box 201S, Ocala.  
MARTIN — Ira Swigart, Route 2, Box 61, Stuart.  
MONROE — Mrs. Madeline Higgs, 2007 Flagler Street, Key West.  
NORTH FLORIDA — Roy S. Sturdavant, 1361 Glengary, Jacksonville 7. Tel. 733-2650.  
OKALOOSA — C. L. Seavey, P. O. Box 512, Ft. Walton Beach.  
ORANGE — Edward Schick, 2508 Windward Court, Orlando.  
PALM BEACH — Mrs. Robert Benedict, P. O. Box 1148, Lake Worth. Tel. VI 4-6393.  
PINELLAS — Paul Stephens, 4960 — 78th Avenue, North. Pinellas Park. Tel. 896-6158.  
POLK — R. W. Snyder, P. O. Box 552, Lakeland.  
RIDGE AREA — Mrs. Samuel A. King, P. O. Box 731, Avon Park.  
ST. ANDREWS BAY — Mrs. Anna Cook, 806 Bunkers Cove Road, Panama City.  
ST. LUCIE — Mrs. Margaret Arnold, P. O. Box 2142, Ft. Pierce.  
SANTA ROSA — Mrs. Lois Segars, P. O. Box 53, Milton.  
SARASOTA-MANATEE — Leonard Griffin, 2901 - 8th Avenue, West. Bradenton.  
SEMINOLE — James A. Hunt, Park Avenue, Sanford.  
VOLUSIA-FLAGLER — Mrs. Robert L. Hediger, 152 Oakwood Drive, Daytona Beach.

elderly retardate who enters an institution for the first time after the death of his relatives.

## Classes in the Community

For the retarded child who is kept in the home and attends a day school, there are many new experiences which he will learn and share with his family. Most school districts have classes for exceptional children who are educable — those who are commonly called "slow learners." These children are able to tackle a moderate amount of instruction in reading, writing, arithmetic and other simple studies.

Fewer school districts have classes for the trainable children. One school for such children is the DeForest LaVoy School operated by the Hillsborough County School Board. Its 12 teachers assist the 140 pupils to learn acceptable behavior, homemaking, arts and crafts and recreation. Physical exercise is important to the children because many of them have the tendency to fold their legs under them and just sit. School activities teach the children to adjust to putting forth an effort to cooperate with their teachers and other students and to take criticism without resentment.

The boys and girls learn to coordinate their movements through music, art work, coloring, counting numbers and memorizing the alphabet. The older girls learn homemaking (parents are pleased when they learn how to measure ingredients for candy), good grooming habits, how to serve as hostesses and other social graces. The boys learn woodworking, mechanics and even how to take a bicycle apart, clean and repair it and put it together again. Mothers of the students assist the teachers at DeForest LaVoy School and spend hours in the school's "beauty shop" doing the girls' hair and teaching them how to improve their appearance.

The Association for Retarded Children makes valuable contributions in many communities by organizing and sponsoring or co-sponsoring classes for those children who are unable to attend exceptional children classes in public schools. Sometimes these classes meet in churches or community buildings; sometimes the societies stimulate the public to make available such classes in public schools. The associations often provide many hours of dedicated volunteer help for school classes for these children.





**Older girls at Sunland Training Centers learn to do housework, including the laundry, as part of the training to make them useful members of the community.**

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## **The Residential State Centers**

While children who live in or near the larger cities may attend day schools for trainable children, the residential Sunland Training Centers have an important role in the life of the retarded. For some children there are no local facilities or they become inadequate as they grow older and the state training centers provide opportunities for them. Approximately 4200 children live in Sunland Training Centers at Fort Myers, Marianna, Gainesville and Orlando. The majority of children in the first three centers are educable and trainable while those at Orlando are so severely retarded or handicapped that they cannot walk or take care of themselves.

For the educable children, the state centers maintain academic classes which begin at a lower level and progress more slowly than those in public schools. The older girls learn sewing, housekeeping and other tasks which may lead to work in the community. Older boys study agriculture, horticulture and cafeteria work to make it possible for them to support themselves when they become adults.

Because the trainable children have some capacity for learning how to take care of themselves and to get along with others, they are taught to do simple chores in the state institution.

Life revolves around the cottages of 20 to 40 children; they eat in large cafeterias, and have their training and recreational activities in groups. Although there are staff members on whom the retarded children can lavish their love and affection, the child does not receive the individual training that he would receive at home.

The trend today is to select cottage "parents" on the basis of particular personality attributes which make them suited to their work. Anyone who has seen the fondness which develops between such workers and their charges at Florida's Sunland Training Centers will be inspired. The high caliber care they give is an important contribution and their work is rapidly gaining status.

## Value of the Retarded to the Community

The necessary planning that leads to a training center for retarded children in any community involves many individuals and agencies — voluntary, state and federal. Frequently parents of retarded children, for whom the problem is so acute, are the lay group most aware of the need and are among those particularly active in such planning efforts. They continually search for private schools or classes where their youngsters can receive the specialized training they need. When these parents can interest the local school board, the Vocational Rehabilitation Service of the State Department of Education, local businessmen and civic clubs, the organization to build and maintain such facilities (as the MacDonald Training Center) can start. It is then that the retarded child can develop his abilities to help support himself in a competitive community.

After a retarded individual has reached maturity and if he can be trained, he can be given sheltered workshop experience, placement in a job, self-employment in the home and training for a more independent life. Such a program is carried on at the Sertoma Sheltered Workshop of the MacDonald Training Center. Other workshops for the retarded and handicapped are located in Jacksonville, Fort Myers, Lakeland, Lake Worth and Miami.

One retarded individual (we'll call him Paul) applied for admission to such a workshop as the one at MacDonald. His parents

made direct application to the center, but he could have been processed through the District Office of Vocational Rehabilitation Service, the Florida Council for the Blind (if he was legally blind), the Veterans Administration or some other agency. During his time at the center, Paul went through four basic stages: evaluation, pre-production training, production training and placement in a regular competitive job when he was ready.

During the six-weeks evaluation period, Paul worked with teachers in homemaking, industrial arts and group activities. At the end of this time, an evaluation committee (composed of the teachers, staff members, social workers and a representative of Paul's sponsoring agency) decided that Paul was able to learn a trade. During the pre-production period, Paul went to classes where he was taught, among other things, acceptable behavior, how to handle money, good grooming habits, how to ride a city bus and encouraged to develop incentives for doing a good job. It was important that Paul learn to complete a task that he was assigned to do, as well as learn the mechanics of the job. As a "final examination" in the transportation class, the trainees were taken across the city, instructed to take a bus downtown, change buses and return to the training center. Some of the worried parents followed the buses at a discreet distance to make sure the youngsters caught the right bus.

During production training, Paul learned to work a printing press. The training center also has an agriculture section where the men learn poultry care and citrus tree production. In an industrial section, other retarded individuals learn wood-working, the many operations of cutting and printing cloth, small parts assembling and the bending of reinforced wire. There is also a limited work activity section where other retarded persons stuff envelopes, string tags and prepare newspapers for florists. These jobs, which any ambulatory person can do, give even the more retarded individuals some economic value to the community.

In the fourth stage — job placement — Paul was placed in a job outside the workshop. Many times other retarded individuals succeeded in this endeavor but because of some difficulty adjusting to his job situation Paul returned to the sheltered workshop for additional training in some aspects of the situation for which he was not prepared. Paul's inability to cope with his first "outside" situation was not regarded as failure. The occasion afforded

the staff the opportunity to analyze his job's experience, and Paul made a successful adjustment to his second job.

MacDonald Training Center also has a dormitory, Oak Glen Hall, for young men enrolled at the Center who for various reasons cannot commute to their home.

Sunland Training Centers have Halfway Houses in which older educable boys and girls learn to do their own housework, buy their food, entertain visitors and manage their own business affairs while holding jobs outside the centers. This often serves as an intermediate step prior to discharge from the Centers. A married couple act as house parents. As the young people prove themselves able to use their freedom wisely, they assume increasing independence and usefulness to the community.

## **A Growing Program**

It is only within the last 15 years that retardation has become a topic that people will openly discuss. During this time many

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**Older boys have an opportunity to learn woodworking in one of the Sunland's shops.**



## Sponsorship of a Retarded Child

Every retarded child needs to feel that someone cares for him. Unfortunately, there are children who have been abandoned by their parents after they were placed in one of the Sunland Training Centers. But interested individuals and groups can substitute somewhat for parents by sponsoring a retarded child. It costs very little, involving about a dollar a month, a gift at Christmas, Easter and on his birthday and, if possible, an occasional visit. For information write to the Sunland Training Center nearest your home.

Until you have seen a forgotten child cherishing a tattered picture post card received from his sponsor, it is hard to realize how much such a small attention can mean.

Associations for Retarded Children have been organized and schools, training centers and sheltered workshops established.

The State Board of Health has long been interested in the problem of mental retardation. The 67 County Health Departments operate prenatal and well baby clinics. In the prenatal clinics the County Health Officers, other physicians and public health nurses prepare mothers for the arrival of their babies and determine if there might be complications.

In the well baby clinics, the public health nurse and clinician watch for early signs of retardation (lack of movement coordination and response to outside influences such as loud sounds, handling, other people, etc.) as well as advising mothers on how to keep their babies well. When a baby is found to be mentally retarded, the public health nurse may make regular calls at the home.

The parents often need help in accepting and caring for the child. They sometimes need instruction in how to establish health habits for their child. When necessary, the nurse may help the parents interpret and follow the physician's orders. Where defects and abnormalities are found, the child is frequently referred to the proper agency for additional follow-up services.

When parents cannot provide the special diet needed by a PKU patient, the State Board of Health makes the necessary food available. A statewide registry is kept of all known cases of PKU



and public health nurses make follow-up visits with the families to make sure that children born later are tested for the disease.

The first residential center in Florida for retarded children was started as the Farm Colony at Gainesville in 1921 (the name was changed to Sunland Training Center in 1957). Now there are four centers, with more being planned for children who cannot be kept in their own communities. The federal government has also set aside funds for the planning of more community sheltered workshops and vocational rehabilitation centers.

Today, only a few of the retarded children who could benefit from the experience are being trained by the schools, centers and workshops now in existence. Many parents cannot afford the nominal cost of sending their children to these training schools (although clubs and agencies often sponsor some individuals), while other parents have no idea that such facilities exist.

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### Schools for Retarded Children

Following is a list of sponsored schools in Florida for the mentally retarded. There may be other schools that are not listed with the Florida Council for Retarded Children. For information concerning the operation of any of these institutions, write the director of the school.

#### AVON PARK

Ridge Area Day School  
P. O. Box 306

#### COCOA

Brevard Training Center  
P. O. Box 426

#### DAYTONA BEACH

Special School for Retarded Children  
c/o Mrs. Robert Hediger  
152 Oakwood Drive

#### DELAND

Van Hook School of Florida, Inc.  
Box 83

#### FORT LAUDERDALE

Pediatric Care Center, Inc.  
901 N. W. 9th Avenue

The Schulten School  
2914 Poinsettia Street

The Sundial School and Sheltered  
Workshop  
605 S. E. 20th Street

#### FORT MYERS

Riverside School and Sheltered  
Workshop  
Hanson & Evans Avenues

#### FORT PIERCE

The Special School for The Retarded  
c/o Mrs. Margaret Arnold  
P. O. Box 2142

#### FORT WALTON BEACH

Silver Sands School  
P. O. Box 512

#### GAINESVILLE

Exceptional Child Building  
Special Class Rooms  
Sidney Lanier School

#### GLENWOOD

Duvall Home for Retarded Children

#### HIALEAH

Montanari Clinical School  
291 East 2nd Street

#### HOLLYWOOD

Greater Hollywood Retarded School, Inc.  
c/o Eugene Jones  
2400 Taft Street

#### INVERNESS

Sheltered Workshop  
c/o Harry Van Norwick  
State Route 1, Box 65

**JACKSONVILLE**

Pine Castle School & Sheltered  
Workshop  
4911 Spring Park Road

**KEY WEST**

Sunshine Training Center  
In Old City Jail

**LAKE CITY**

Special School for Retarded Children  
c/o James E. Hanna  
Board of Public Instruction  
P. O. Box 467

**LAKELAND**

Marion Lea Training School and  
Sheltered Workshop  
P. O. Box 552

**LUTZ**

Hancock Home for Retarded Children  
RFD 1, Box 200

**LYNN HAVEN**

Mary Morhan Memorial School

**MADISON**

Activities Center  
c/o G. A. Barnette  
Barnette's Bakery

**MARIANNA**

Hope School  
c/o Sunland Training Center

**MIAMI**

Florida Garden Training School  
5738 Hollandale Block Blvd.

Haven School, Inc.  
Route 8, Box 1082

Hope School  
666 S. W. 4th Street

Jerrytown, Inc.  
7375 S. W. 120th Street

Maysland School  
2922 N. W. 17th Street

Robert Knight Training Center  
225 S. W. 2nd Avenue

**MILTON**

The Special School for the Retarded  
P. O. Box 53

**NARANJA**

Naranja Children's Home, Inc.  
15190 S. W. 272nd Street

**NEW PORT RICHEY**

Special School  
Sponsored by Business and Professional  
Women's Club  
c/o Mrs. Ada Drinkard  
701 Warren Street

**OCALA**

Opportunity Workshop  
Route 5, Box 201-S

**ORLANDO**

Forrest Park School  
1600 Silver Star Road

The Gateway School  
4000 W. Silver Star Road

Home for Atypical Children  
710 Holden Avenue

**PANAMA CITY**

Mary Mackin School  
St. Andrews Bay Center for Retarded  
Children  
P. O. Box 998

**PENSACOLA**

Peter Pan Kindergarten  
3911 North 10th Avenue

Petree School  
Maura Road and 10th Avenue

Petree Craft Shop  
424 Chipley Avenue, East  
Pensacola Heights

**PINELLAS PARK**

Nina Harris School  
4960 78th Avenue, North

Peter Pan Play School for Retarded  
Children  
4900 78th Avenue, North

**ROCKLEDGE**

Brevard Training Center  
1900 Cedar Street

**SANFORD**

Special School for Retarded Children  
c/o James Hunt  
2524 Park Drive

**SARASOTA-BRADENTON**

Children's Haven & Sheltered Workshop  
1025 General Tinker Avenue  
Sarasota-Bradenton Airport

**STUART**

Pioneer Occupational Center  
Pioneer School  
P. O. Box 205

**TALLAHASSEE**

Candle of Hope School  
Roberts Avenue

**TAMPA**

MacDonald Training Center Foundation  
4424 Tampa Bay Boulevard

**VENICE**

Loveland School  
Nokania Methodist Church

**WEST PALM BEACH — LAKE WORTH**

Palm Beach Habilitation Center  
Box 1148, Lake Worth

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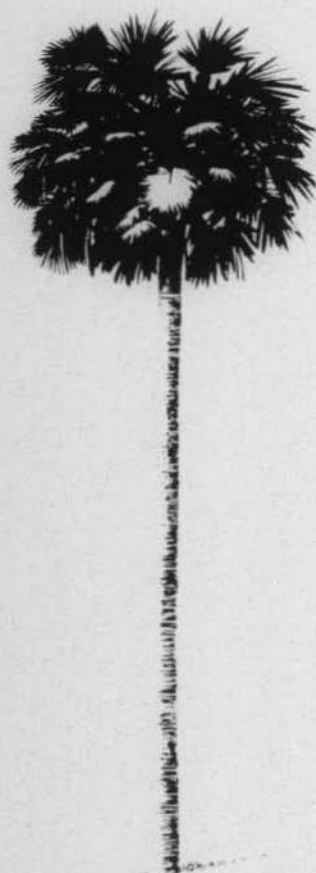
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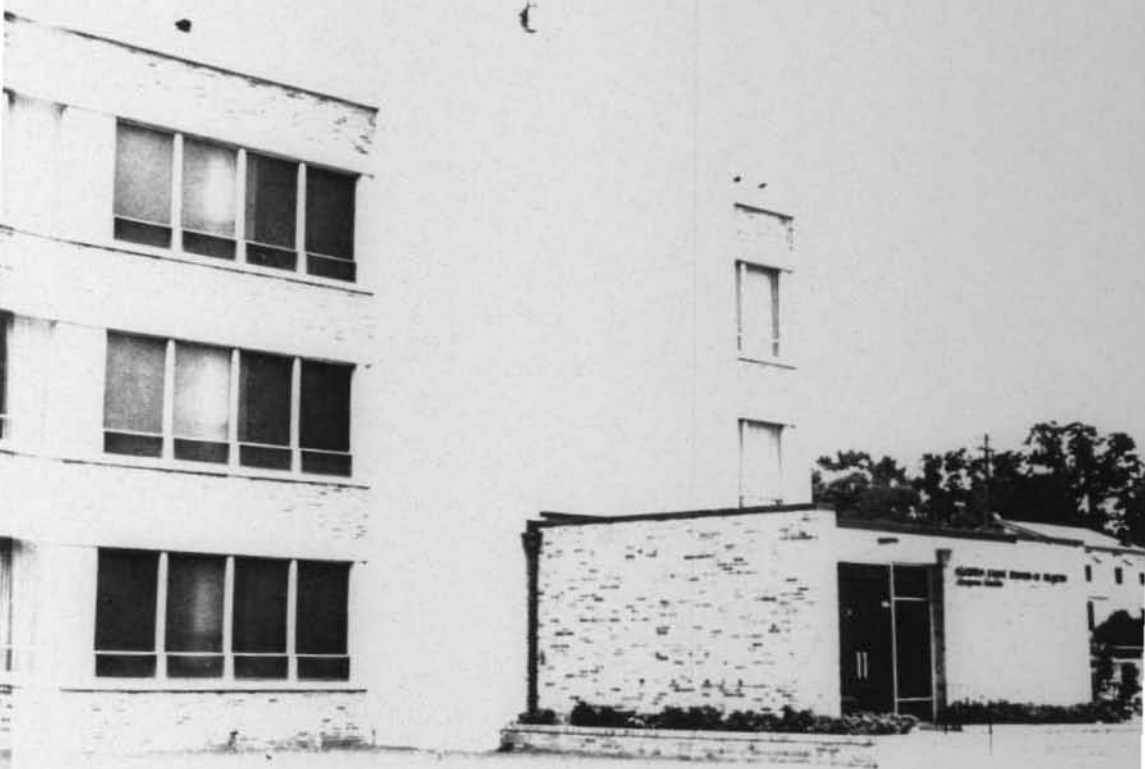


**FLORIDA STATE BOARD OF HEALTH**

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# FLORIDA HEALTH NOTES



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## DIABETES

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There are eight diabetics in the photos above. Can you pick them out?

If you picked 2, 3, 7, 8, 9, 11, 15 and 16, you were right.

# Diabetics

**W**HEN YOU hear that a person is a diabetic, what do you think? That he must be inconvenienced by having to take shots or stay on a diet? Or that maybe he was lucky to have found out that he has it — for there is an old adage in medical circles that says that the way to live to be old is to have a chronic disease, find it early — and then take care of it. Diabetes is never cured but with it under control, the diabetic can enjoy a long and satisfying life.

It is apparent that some people in Florida do not always seek care when symptoms of diabetes appear, or do not have yearly checkups, when you consider that diabetes was the **ninth** leading cause of death in 1963. It accounted for 887 deaths in Florida. It is estimated that approximately 100,000 Floridians have diabetes — and 50,000 do not know it. This number is expected to climb rapidly in our state due to its popularity as a retirement area. For persons over 45 are more likely to show evidences of diabetes, however persons of any age, including children, may have the disease.

And we'd like to say at the beginning of this issue of **Health Notes**—in the middle and at the end—that **diabetes is only one of the reasons why you should have a regular physical examination.** In this way the disease can be detected at an early stage. If you

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## FLORIDA HEALTH NOTES

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do not have routine checkups, the diabetes may have progressed to a severe state before it is discovered.

But to get back to diabetes. What is your DEI — Diabetes Expectancy Index? Check the boxes below:

	YES	NO
ARE you related to a diabetic? .....	<input type="checkbox"/>	<input type="checkbox"/>
ARE you grossly overweight? .....	<input type="checkbox"/>	<input type="checkbox"/>
ARE you 45 years of age or over? .....	<input type="checkbox"/>	<input type="checkbox"/>
Mothers, did any of your children weigh over 10 pounds at birth? .....	<input type="checkbox"/>	<input type="checkbox"/>

An answer of yes to one or more of the above questions should alert you to be more aware of diabetes as a potential problem you may have to face some day.

## First Recognized

ONE OF THE diabetic's symptoms, frequent excessive urination, was described by the Egyptians 30 years before the birth of Christ. The three major symptoms — frequent urination, excessive thirst and hunger — were described about 600 A. D. Still later it was noted that diabetics had "honey" or "sweet" urine. Along about the 16th century, a physician, Thomas Willis, began treating the disease by putting his patients on a strict diet. In the 19th century, diabetics were found to have sugar (glucose) in their blood and urine. Another early researcher found that certain patients, if they exercised a great deal, could eat more food without increasing the body's sugar load. Today some diabetic patients respond to treatment involving only diet and exercise. Then it was discovered that the pancreas was directly related to diabetes, resulting from a lack of substances secreted by this organ.

Drs. Frederick Banting and Charles Best of Canada are the internationally famous men who discovered how to extract and use insulin. A 14-year-old diabetic was given the first injections.

Today there are other drugs, which can be taken by mouth, which help some diabetics maintain control. But the treatment of

a diabetic patient always must be based on a balanced diet, exercise and insulin or oral drugs, **under the supervision of a physician.**

## **What is Diabetes?**

**WE KNOW** that diabetes is the result of insufficient insulin that allows our bodies to use (or burn) the glucose (sugar) in our blood properly. This glucose is the principal quick source of energy for our bodies just as gasoline is the source of energy for our automobiles. Insulin is as necessary to the normal burning of glucose as air is to the burning of fuel in a jet airplane.

In a normal person, insulin is made in the islet cells of the pancreas and is secreted into the bloodstream. This process allows the cells of the body to burn or change the glucose into energy and controls the level of sugar in the blood, keeping it within normal limits. The higher the energy requirements, the more insulin and glucose are needed to meet the body's demands. This increased energy requirement may be due to sports activities, physical labor, an injury, a shock or just plain old worry about the problems of daily living. In the normal person these things do not cause too much of a problem of control for the body's various systems. This is not true of persons who have diabetes. (All through this article the disease we are talking about is scientifically called "diabetes mellitus." There is another kind "diabetes insipidus" but it is a relatively rare disease and will not be discussed here.)

Technically, diabetes is an inherited impairment or inability to use carbohydrates (sugar), protein (meat) and fats properly because there is a lessened amount or total lack of insulin put out by the body. This results in increased glucose in the blood and urine. (There are other side effects which are too technical to be discussed here.) As a result, extra sugar which cannot be burned collects in the blood. This condition is known as hyperglycemia (high blood sugar). Some of this excess sugar may overflow into the urine through the kidneys and may well be one of the first findings of early diabetes.

To go back to that little chart on the second page, we do

know that diabetes is more common in relatives of diabetics, mothers who have babies weighing over 10 pounds, persons over 40 years of age and those who are overweight. It is more common in the female than in the male.

Children may occasionally have diabetes and five per cent of all diabetics are juveniles. They usually become acutely ill. It can occur in very young children. These cases may be very difficult to "stabilize" with diet, exercise and insulin — why, it is not known.

After the age of 30, the "adult" type of the disease appears and as a rule the patient is more stable and more easily treated.

Two of the major factors in diabetes are heredity and overweight. For example, if a man and woman who were diabetics married and had 10 children, approximately seven of their children

### **CAUTION!**

There are a few drugs on the market today that can cause diabetes in a person who is not under the care of a medical doctor while he is taking them. Do not take any drugs that your physician has not prescribed for you. Drugs prescribed for your friends or other members of your family may not be right for you and may cause illness or death.

would become diabetics (if they lived long enough) and three might pass on the disease to **their** children.

Overweight apparently puts additional strain on the pancreas for insulin. Many diabetics are overweight at the time they develop the disease. Stress, an accident, a severe illness and emotional upsets may produce symptoms of clinical diabetes.



## Symptoms

**A** HISTORY of weight loss, weakness, loss of strength, increased appetite, thirst, frequent urination, visual (eyesight) disturbances and recurrent infections are regarded as typical symptoms of the disease. Late symptoms of untreated diabetes may be diabetic coma, leg pains, foot trouble, ulcers, skin infections, blindness and gangrene of the foot or leg.

## Complications

**D**IABETIC coma and **insulin reactions** are two major complications. "Old diabetics" soon learn to recognize these conditions and know what to do. In the first, prompt hospital treatment is usually necessary. In the second, orange juice or glucose may do the trick.

Other complications are:

**Diabetic retinitis**, which is the second leading cause of blindness in Florida. Once the retina (inner lining of the eye) is destroyed, there is little treatment that is helpful.

**Arteriosclerosis** (hardening of the arteries) is another common complication and may result in heart disease.

**Kidney troubles**, such as hardening of the kidney vessels, and urinary infections are often seen in diabetics.

**Involvement of the nerves** may be very painful in the form of diabetic neuritis (especially of the hands and feet) but after the diabetic is stabilized this usually disappears.

**Tuberculosis** is being found more and more in uncontrolled diabetics.

## Where do you find Diabetics?

Approximately three per cent of the patients coming to **private physicians' offices** will be diabetics. Many will be picked up on a routine examination.

**Blood relatives** of diabetics should be checked at regular intervals.

**Hospitals** often routinely test all their new patients for this disease—and when they do, will discover some previously unknown diabetics.

**Persons over 45, those overweight, and mothers who have had babies weighing more than 10 pounds, are all suspects** and should be checked.

**Health Fairs** often offer a few simple diagnostic tests. One is usually for diabetes. For example, of 4500 persons taking a diabetes test at one Florida fair recently, 86 were referred to their private physician because they had high blood sugars.

## The Outlook

**A** DIABETIC can do practically everything that anyone else can do—except to get off his diet. He can be a good employee; perhaps an outstanding athlete, an excellent parent and a contributor to community life. A great deal depends upon the diabetic's adherence to a routine as prescribed by his physician **whom he must see regularly.**

## Diet

**A** DIABETIC diet is rarely temporary but must be followed for a long time. It should fulfill the following requirements: keep the diabetes under control; keep the diabetic as well and strong as possible; maintain his weight at the right level; and above all,

consist of foods that are pleasant and interesting. Diabetic diets need not be monotonous.

The family physician should prescribe the proper diet and refer his patient to a nutritionist or dietitian who can teach the patient how to interpret and follow his diet. **The diabetic must eat what is specifically on his diet** because it is tailored to his individual needs.

Although one ordinarily thinks that only carbohydrates are restricted on a diabetic diet, the amounts of calories, protein, fat and other nutrients must also be controlled. Diabetic diets often categorize foods into the following groups: milk, vegetables, fruits,

#### STABLE DIABETIC

All through this issue of Health Notes, we have been talking about a stable diabetic. What does this mean? It means a diabetic who has achieved a balance between the amount of exercise he takes or the work he does, the amount of food he eats and the amount of drugs (insulin or pills) that he takes daily. They balance each other so that he is able to live a normal life. A diabetic is the "captain of his ship" and how he lives determines how smooth or rough the sailing through life will be.

breads and fats. Each category has a particular amount of carbohydrates, protein, fat and calories for a specific portion. This allows more freedom in selecting the specific foods within each group to be eaten.

The diabetic must eat his meals equally spaced each day to maintain a steady intake of food to balance the insulin dose. In some cases, he may be advised by his physician to divide his food into more than three meals a day, including a meal before going to bed.

## Exercise

**T**HE AMOUNT of exercise that a diabetic can take is usually dictated by his physician. Usually a person who is normal in every way, except for his diabetes, can do almost any kind of exercise he wants to do. But regularity is the key. Not a lot one day and very little the next. One word of caution — diabetics should not do a lot of exercise just before meals because it is then that their blood sugar level may be lowest. To do so is to invite insulin shock. This may happen if the diabetic takes his insulin at his regular time and then follows it by heavy exercise. To avoid this, it is best if the diabetic eats something before performing the exercise in order to provide himself with the necessary sugar for the extra energy he would need.

## Insulin

**I**NSULIN is manufactured from the pancreatic glands of cattle, hogs and sheep. The first insulin had to be given several times a day to sustain the patient. If he was given a large dose at one time, he would go into insulin shock. Later long-lasting insulin was developed which could be given once every 24 hours.

Here are a few facts about this lifesaving drug: It is not known exactly how it works . . . There are three kinds: rapid acting, intermediate acting and long acting, according to when they begin to act and how long they act . . . Insulin must be given by hypodermic needle and syringe. These should be cared for so that they are safe to use. (See list of available pamphlets at the end of this booklet.) The injection sites must be varied frequently from arms to thighs . . . It must be taken at regular times and in specified amounts . . . It is not effective by mouth as it is destroyed in the upper digestive tract . . . It should be refrigerated except for the bottle that is in use. Extreme heat and cold should be avoided . . . There are three kinds of drugs which can be taken by mouth that will lower blood sugar. Whereas insulin given by injection is a substitute for that which the body no longer manufactures, two of the oral drugs stimulate the insulin-producing glands in the pancreas to give forth some of their substance.

## We Would Like to Know More

**E**VERYONE needs to know more about diabetes. First, **professional information** for physicians gets a stimulus each year from the Annual Diabetes Seminar sponsored by the Florida Diabetes Association and the State Board of Health, in cooperation with the University of Miami and the University of Florida Schools of Medicine.

**Public education** is usually carried on by local lay diabetes societies and County Health Departments, as well as the State Board of Health.

**Patient education** may be given the individual by his physician, or the diabetic may learn through attending classes sponsored by the local medical society, lay diabetes society and County Health Department. In these organized classes the diabetic patient is taught the general knowledge about diabetes; about diets, food, calories, how to weigh and measure food and food exchanges; the techniques of urine testing for sugar; various kinds of insulin; sterilization of injection equipment; general hygiene; dental care; and the care of the feet. This usually takes about a total of 10 hours. Not only patients but their relatives who may be concerned with their diet and care are often invited.

### TIMELY TOPICS

Timely Topics is a monthly bulletin published by the State Board of Health for diabetics, relatives of diabetics or those interested in diabetes control. It includes activities of the local diabetic societies, review of literature, questions and answers submitted by readers and favorite receipts of diabetics. It is also published in Spanish by the Dade County Department of Public Health. If you are a diabetic or the relative of one, you may receive this free bulletin by writing to: Timely Topics, Florida State Board of Health, P. O. Box 210, Jacksonville, Florida 32201.





Activities at Camp Immokalee, the summer camp for diabetic children, include canoeing and other water sports; instruction on how to inject insulin (under the supervision of a physician and nurse); tests selected by the campers under the watchful eye of a dietitian; testing blood and urine specimens by technicians in a temporary laboratory; and a rigorous workout on a trampoline.



The chronic diseases, of which diabetes is one, make education more important because they can only be controlled through the action of informed individuals themselves. A doctor or nurse can't stand over a diabetic patient to make sure he eats the right diet and injects his insulin properly. It's up to the patient.

## Some Problems

The diabetic is at special risk during **surgery** and it is especially important that the patient's regular doctor and his surgeon get together to keep his disease under control during this time.

**Pregnancy** may cause special stress to a mother and here again her physician will want to confer with her obstetrician and pediatrician.

Some patients **refuse to acknowledge** that they have the disease and cannot adjust to a "regulated" life. These people need understanding and counseling. They are the ones who often have the worst complications of diabetes.

Other patients **just don't understand** about the disease and must be carefully taught. They must learn everything they can about how to successfully manage their lives.

**Diseases of the teeth and gums** are more common in diabetic patients. Those who wear dentures must be especially careful of pressure points. The dentist should be advised that the patient is a diabetic.

Diabetics are more susceptible to **foot problems** because of poor circulation in their feet and legs. They also have thin and

tender skin on their feet thereby being prone to more injuries. The patient must be advised on shoe fitting, trimming of nails, the type of socks to wear and how to clean and dry the feet. The person who may be consulted about these matters is a podiatrist (chiroprapist). He is trained in the care of the feet and treatment of diseases that affect them.

## **What Does The State Board of Health Do?**

**T**HE STATE Board of Health assists the County Health Departments and other groups (medical societies, welfare departments, local lay diabetes societies and civic groups) in planning and putting into operation mass screening programs for detecting diabetes by contributing the services of consultants, and limited financial assistance. Education of patients, the general public and physicians is another phase of the diabetes program which the State Board of Health shares with medical and professional and lay diabetes societies.

There are some patients who need insulin and cannot afford to buy it. Many years ago, a bill was introduced in the Legislature (by a member who was a diabetic) to appropriate funds for this purpose. It has been repeated every session since then. In 1962-63, this amount was \$80,000. About 3000 medically indigent persons are now receiving all or part of their insulin through the County Health Departments. The patient by coming to the County Health Departments, receives an added advantage since this allows doctors and nurses to check up on the diabetic, give him needed information and see that he keeps in contact with his physician, either his private doctor or at the clinic.

## **Who Else Helps?**

The Florida Medical Association has endorsed "screening" programs and urged its county medical societies to cooperate with the

# WHEN YOU SEE THIS EMBLEM

**KNOW  
WHAT  
IT MEANS**

**LOOK FOR  
THE MESSAGE  
ON THE BACK**



**PLEASE  
DON'T  
IGNORE  
IT!**



## **Designed to Protect the Diabetics**

**T**HIS bracelet is just one device used by diabetics to protect themselves in case of emergencies. Other devices are "dog tags," identification cards, lockets and expansion bracelets. If a diabetic is found injured or unconscious, such a device warns physicians, hospitals and law enforcement officials of the dangers faced by the wearer if his condition is disregarded or improperly treated. Other persons, such as epileptics, those with severe allergies or those who take special medicines, also use these devices. Information about these bracelets, lockets or cards may be obtained from the State Board of Health, your County Health Department, local medical associations, medical supply houses and many jewelers.



County Health Department and local lay diabetes societies in this endeavor.

The American Diabetes Association (ADA), (1 East 45th Street, New York 17), is the national voluntary group whose primary mission is to further education and service to the diabetic and promote research.

The **Florida Diabetes Association** is the state professional group chartered under the ADA and is composed of Florida physicians. Under their guidance and sponsorship, **lay diabetes societies** are formed. Presently in Florida they are located at:

### **Societies**

Alachua County  
Collier County  
Duval County  
Hillsborough County  
Manatee County  
Greater Miami  
Orange County  
Pinellas County  
Polk County  
Sarasota County  
Volusia County

### **Headquarters**

Gainesville  
Naples  
Jacksonville  
Tampa  
Bradenton  
Miami  
Orlando  
St. Petersburg  
Lakeland  
Sarasota  
Daytona Beach

More lay diabetes societies are being organized and persons interested should contact their County Health Department or the Lay Society Co-ordinator of the Florida Diabetes Association, 1910 Riverside Drive East, Bradenton, Florida.

A call to your County Health Department will put you in touch with the president who will give you information about the hour and day of meetings, etc.

A diabetic will find much to recommend his belonging to one of the above societies. He will learn about his condition, and com-

fort can be gained from meeting and talking with others who have the same problems, as well as listening to lectures by physicians, nurses and nutritionists.

## PAMPHLETS

Following is a list of pamphlets which are available from your County Health Department or the State Board of Health in limited quantities:

- What Everyone Should Know About Diabetes and Its Early Detection
- Are You Related to a Diabetic?
- When Your Doctor Says You Should Test Your Urine
- When The Doctor Says You Need Insulin
- Taking Care of Diabetes
- Diabetic's Identification Cards

## FILMS

Following is a list of 16mm films which may be borrowed from the State Board of Health, Audio-Visual Library, P. O. Box 210, Jacksonville, Florida, 32201, by any responsible group:

- **Care of the Feet**—Suggests methods and care of the feet, proper fitting of shoes, the structural foot ailments and their causes. (10 minutes)
- **Diabetes and You, Too**—The story of a young girl as she is examined, diagnosed, treated and taught about diabetes. (21 minutes)
- **Diabetics Unknown**—Shows the cause, signs, symptoms, detection and treatment of diabetes. (29 minutes)
- **Urinalysis for Diabetics**—Emphasizes regular testing of urine and shows step by step procedure for both Clinitest and Benedict's urine analysis at home. (20 minutes)

- **How Sure Are You**—Stresses the fact that diabetics, in all types of endeavor, can lead a normal life if proper care and attention is given to diet, use of drugs and other healthful measures. (15 minutes)

## **SUMMER CAMP FOR DIABETIC GIRLS AND BOYS**

Florida is indeed fortunate to have a fine summer camp for its diabetic children. If your child is a diabetic and has not been able to have this summer fun, this will be the opportunity you have been looking for.

Camp Immokalee, a summer camp for diabetic girls and boys, age 9 to 14, will begin Sunday, August 16, 1964, and will close on Saturday, August 29, 1964. It is being sponsored by the Florida Diabetes Association in cooperation with the Jacksonville YMCA~ and the University of Florida Health Center.

The application blanks and information bulletins about the camp may be obtained by writing to Mrs. Jack Van Der Beek, Secretary, Florida Diabetes Association, 1910 Riverside Drive East, Bradenton, Florida. July 15, 1964, is the deadline for the submission of the applications. The camp is on Lake Brooklyn, 2.5 miles east of Keystone Heights and 45 miles southwest of Jacksonville, just off Highway 21. Actual cost is \$125.00 for the two weeks although parents who can are requested to pay only \$75.00. There is a Campership Fund for those unable to pay. No child is turned away because of financial reasons.

The medical staff will consist of five physicians from the University of Florida Health Center under the direction of Dr.

Joseph C. Shipp. They will be assisted by a number of nurses and dietitians. The camp staff is made up of well qualified YMCA regular staff members who have had many years of experience in camping.

The Diabetic Camp is a wonderful learning experience for the children. They are taught about diabetes and how to live with the disease and to better care for themselves in the years ahead. Sixty children attended the Camp for Diabetic Boys and Girls in August 1963. All of these children were taught to give themselves insulin, test their urine and weigh and measure their food. Many had never spent a night away from their parents before, and this in itself, is a new and desirable experience for the diabetic child. They also enjoy typical camp activities such as swimming, horse-back riding, cook-outs, hikes, etc.

## **CAPSULED QUESTIONS AND ANSWERS ABOUT DIABETES**

### **What Is Diabetes?**

Diabetes is due to a deficiency of the pancreas, resulting in insufficient insulin which is necessary to convert the sugar of food into heat and energy for body use. When this sugar is not converted, it collects in the blood and may pass off through urine.

have diabetes than men. There is a higher incidence of diabetes among persons who are overweight, mothers who have borne large babies (over 10 pounds), and those persons who are relatives of diabetics.

### **Whom Does It Affect?**

Anyone can have diabetes. However, persons developing the disease are usually over 40 years of age. More women

### **Is Diabetes Hereditary?**

YES. If one parent is a diabetic and the other is a diabetic carrier, seven of the ten children of such a union will develop diabetes if they live long enough.

### **If Family History Is Positive, How Can Diabetes Be Prevented?**

It is believed that some cases of diabetes can be prevented, if persons do not become overweight. This prevention of obesity should begin no later than the twenties.

### **If I Am Diabetic, What Should I Tell My Children and Grandchildren?**

When of responsible age, children and grandchildren should be told of a family history of diabetes. They should be advised that there is strong possibility of inheriting the disease, be familiar with the signs of the disease, and most important, the prevention of obesity must be stressed.

### **What Kinds of Diabetes Are There?**

There are several kinds, but only diabetes mellitus, also known as sugar diabetes, will be discussed in this pamphlet.

### **What Are the Usual Symptoms of Diabetes?**

Unfortunately, early diabetes may present no symptoms. Late symptoms may be fatigue, weight loss in spite of a ravenous appetite, increased

thirst, frequent urination, skin infections as boils and pimples, and oftentimes pruritus or itching skin. Diabetic coma is a serious complication and must be handled as a medical emergency.

### **How Can Diabetes Be Detected?**

Simple screening tests such as urinalysis and blood sugar examinations will lead to diabetes detection. **A blood sugar estimation taken two hours after a measured carbohydrate meal is the most reliable method of choice.**

### **Who Can Perform These Detection Examinations?**

Blood sugar examinations and urinalysis leading to detection can be carried out by your physician. Discuss this with him. Diabetic screening examinations are sponsored by the local units of the Florida Diabetes Association and by most County Health Departments.

### **How Often Should One Be Tested?**

Once each year after the age of 35. Your physician can advise you if you are the relative of a diabetic, are overweight, or have symptoms suggesting diabetes.



### **If Elevated Blood Sugar Is Found—What Then?**

Other diagnostic tests and studies may be necessary. Your physician can best advise you on the subject of diagnosis and treatment. **YOU MUST CAREFULLY FOLLOW HIS ADVICE.** Most authorities agree that when diabetes is discovered in its early stages and adequately treated, many of the complications can be prevented or postponed.

### **What Types of Treatment Are There?**

The usual treatments of diabetes consist of diet, insulin and oral drugs which lower the blood sugar or stimulate the pancreas to increase the insulin output. These may be used alone or in combination and in strict accordance with your physician's instructions. Other types of treatment are directed toward building up the general health and care of the feet.

### **Who Is Interested In Detection Programs for Diabetes?**

The Florida Medical Association, the Florida Diabetes Association and its local units, your physician, the director of your County Health Department, the Florida State Board of Health and other community agencies interested in good health.

### **What Books or Literature Are Recommended?**

Write to the Florida State Board of Health for a suggested list which is **FREE** upon request.

### **Please Remember That—**

Diabetes must be detected before it can be treated.

Untreated diabetes will surely lead to complications.

**So Make An Appointment  
With Your Physician For A  
Physical Examination to In-  
sure Better Health.**

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Governor of Florida

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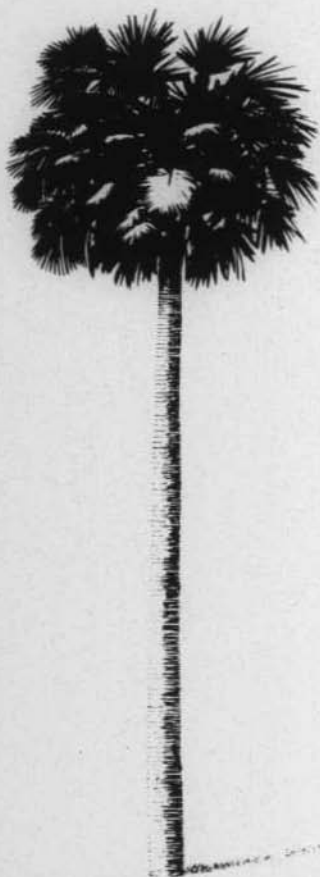
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# FLORIDA HEALTH NOTES

VOLUME 56 — NO. 6

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1964

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Health Every Day  
Of The Year




Health education for the public is an important function of the SBH through the writing of many articles and radio and television presentations, lending of films, operation of a large medical library, distribution of Health Notes and pamphlets, and preparation of visual displays.



# HEALTH

## Every Day of the Year

( A Report of 1963 )

OW DOES one tell you, the readers of *Health Notes*, about what the State Board of Health and the 67 County Health Departments did in 1963? You probably wouldn't want to read the official *Annual Report* — it's over 200 pages and filled with scientific language, tables and graphs. But you should have an opportunity to know what is done to protect your health — every day of the year. So we have used the device of telling the story of two Florida families. The first is what you might call an "average" family (if there is such a thing); the second, a family whose lesser income makes them eligible for certain other services.

The Scotts, our first family, is composed of a young father and mother, two school age children and a grandmother. The

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### FLORIDA HEALTH NOTES

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family income is \$5700 a year. They live in a Florida city of 60,000 people; the county boasts a population of 115,000. Mr. Scott is a foreman in a factory. Mother keeps house; Grandma helps when she is able; and the children go to school.

The Scotts enjoy fairly good health most of the time. Fortunately they have a family doctor who has kept records of their health history over a period of years, and they go to him when the need arises. And like many others — the family is not keenly aware of their County Health Department and the State Board of Health and their activities. If asked to name five things these

To save some space we are going to use several alphabetical symbols from now on in our story. The letters SBH stand for the State Board of Health and CHD for County Health Departments. Since many of our activities are joint ones, often you will see SBH-CHD. But don't ask where one starts and the other stops! CHDs are often quite independent organizations, but they never lose their ties to the parent organization which advises and helps them in many ways — the SBH.

agencies do for their family, the Scotts would have to ponder for awhile to come up with an answer. They could probably name the location of the County Health Department and would declare that it "does a lot of good," "helps poor people," but from there on they would likely be rather vague in their expressions about public health departments and what they do — because, you see, they are "average" Floridians.

## Life at the Scotts

The first one to get up in the morning was Mr. Scott. He went to the bathroom and took a drink of water.

*Florida has some 950 major municipal and subdivision water supply systems, pumping around 560 million gallons of water daily into our homes. The construction and operation of these*

*systems are supervised by SBH-CHD. There were around 25 new ones in 1963.*

He brushed his teeth

*The waste water went into one of Florida's 1152 sewerage systems, similarly supervised by SBH-CHD. Last year, 199 new systems were constructed.*

and took an aspirin manufactured by a Florida firm.

*Drugs and cosmetics manufactured in Florida are inspected for purity and proper labeling by SBH. Hundreds of inspections were made last year; some products were removed from the market; there was one arrest.*

After dressing, Mr. Scott went to the front porch to bring in the newspaper and the milk.

*Dairies and milk plants are inspected regularly by the SBH-CHD. The premises are checked (18,912 such visits last year), and the milk is tested in SBH laboratories (165,000 tests in 1963). A total of 78,334 cows were tuberculin-tested by CHD sanitarians.*

He glanced out over the porch where he thought he had seen a swarming of termites the evening before. They were not there now, but he decided to call a pest control operator to inspect his premises just the same.

*The SBH issues licenses and identification cards to all qualified Florida pest control operators. Last year 311 firms and 3391 employees were registered.*

When he stepped back into the house, Mr. Scott almost fell as he slipped on a loose throw rug. As he walked into the kitchen where Mrs. Scott was now preparing breakfast, he said, "Honey, don't forget to buy a rubber mat to put under that rug by the door. I'm afraid Grandma will slip on it. I just did."

"I'll get one this afternoon," she said. "I have to attend my Medical Self-Help class at the Community Center and I can pick one up on the way home."

*The SBH-CHD are sponsoring Medical Self-Help classes all over the state, to help families prepare to care for the injured or ill*

*in case of a Civil Defense or natural disaster when doctors will be overloaded with work or hard to reach.*

"Good," Mr. Scott replied. "And fry plenty of bacon—I'm starved."  
"Aren't you always?" Mrs. Scott laughed.

*The SBH-CHD licenses and regularly inspects food markets and processing plants. Last year 37,945 visits were made to the former and 5181 to the latter.*

"Look who's talking," Scott retorted, thinking of the weight control class his wife had been attending.

*SBH and CHD nutritionists hold such classes regularly in many parts of the state.*

Scott glanced at a big chart propped against the kitchen wall. "What's that?" he asked.

"Janet has to make a chart of the four basic food groups for a class in school." Janet, 12, arrived in the kitchen in time to hear her mother, and added, "I'm not quite finished with it yet. I want to show which foods are good for teeth, too."

"You mean some foods are better for your teeth than others?" her father asked. "Oh Daddy, of course. Too much sugar, and not enough roughage, and — bzzzzz — dentist drill. Daddy, you're such a square."

*The health educators of SBH-CHD often make dental health a part of their teaching as they visited schools and teacher groups during the year.*

"I'll square you if you don't sit down and eat your breakfast," Scott told her.

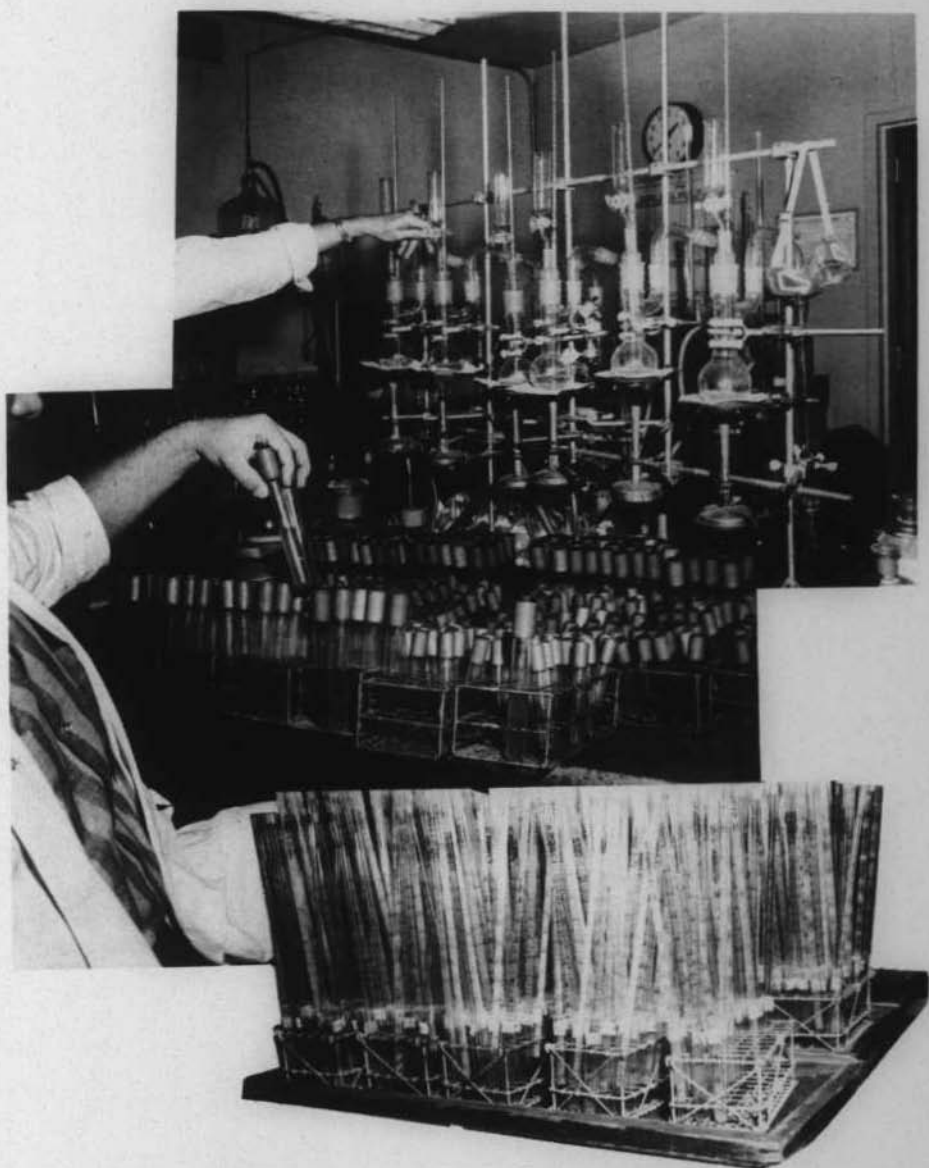
John, 9, came dashing in the back door.

"I told you to leave those rabbits alone 'til after breakfast," his mother said.

John ignored her. "Daddy, what's rabies?" he asked breathlessly. "It's a very bad disease that animals get," Scott said. "Why?"

"I think Randolph has it," John said soberly. "Anyway, he's awful sick."

"He can't get rabies unless he's bitten by an animal that already has it," Janet said, in a lofty tone.



Millions of laboratory tests are carried out by the central and regional laboratories of the SBH to help private physicians and CHDs diagnose, treat and prevent disease, convict law breakers and protect health.





Fluoridation is an inexpensive method of reducing the incidence of dental cavities, especially among children. The SBH urges cities and counties to pass legislation to allow fluoridation of local water systems which lack natural fluoride.

"He can't get it safe in his cage, anyway," their mother said.  
"Now eat your breakfast."

John's concern for Randolph was not enough to affect his appetite. His father asked the blessing, and the meal proceeded swiftly.

*Rabies surveillance by SBH-CHD veterinarians, sanitarians and laboratories continued last year. There were 90 confirmed cases of animal rabies (No human cases since 1948), but 551 persons were given preventive treatment after exposure. The animals having rabies most frequently were, according to numbers, raccoons, bats, skunks, dogs, foxes, bobcats, horses and house cats.*

"Well, mother, that was real good," Scott said as he laid his napkin aside. "What have you got on for today?"

"Same as always. Run — run — run," she said. "I have to go by the laundry and dry cleaners."

*The wastes from these places are safely disposed of because SBH-CHD approves original plans for construction and installation of equipment, and maintains supervision thereafter.*

"buy a new pillow for mother's bed,

*Only sanitary bedding of a quality specified on the label is sold in Florida because of the enforcement of the Bedding Law by the SBH. A total of 7852 inspections were made in factories and stores where bedding is sold and 2770 items were removed from sale because they did not meet SBH standards.*

"get some mosquito spray,

*The SBH-CHD and mosquito control districts spent \$6,515,000 on the state's mosquito control programs last year and made efforts to educate the public to eliminate the encephalitis, yellow and dengue fever, domestic or backyard mosquito by spraying and eliminating stagnant water breeding places.*

"take Mom for that glaucoma test,

*Special health services for the elderly supplied by SBH-CHD included such programs as: glaucoma (out of 24,837 examinations, 495 cases were found), diabetes (for persons over 40 and relatives of diabetics), heart disease and cancer control.*

"get some oysters for supper,

*The shellfish industry is supervised by SBH-CHD. Last year, 274 plants were licensed and 7150 water tests made.*

"and I need some things from the drugstore."

*Drugstores are regularly inspected by the SBH-CHD in their prescription departments and in the lunch counters or soda fountains.*

Scott sighed. "Well, I've walked to work before," he said.

"Good exercise for a man who sits all day," Mrs. Scott replied, withholding the sympathy he would have liked.

*The SBH-CHD advocates regular physical examinations and moderate exercise for all well persons as a part of its general health program.*

"Daddy, aren't you going to look at Randolph for me?" asked John, a little troubled.

"Son, I'm no rabbit doctor. You run along to school now, and we'll have Doc Nichols take a look at him this evening."

"Off to school with you both," the mother said, shooing John and Janet out the door. And then turning to her husband, "I'm worried about Mother. She didn't even want a cup of coffee. She seems so depressed."

"Better take her by the doctor's and let him have a look," Scott said as he picked up his coat.

*Florida's physicians are registered with the SBH, as are all other practitioners of the healing arts.*

I hope she didn't take an extra sleeping pill last night," Mrs. Scott looked troubled.

*Narcotics, amphetamines and barbiturates are controlled by laws administered by the SBH.*

"I've got to run, honey. Don't worry about her," Scott said, giving her a peck on the forehead.

"She's still trying to decide whether to go into that nursing home," she said.

*Nursing homes and hospitals are licensed and supervised by the SBH-CHD. The 186 licensed private and public hospitals in*

*Florida have 19,776 beds and there are 12,320 beds in the state's 326 nursing homes and homes for the aged.*

"That's going to be a hard decision for all of us," said Scott, as he headed out the door.

Mrs. Scott was still thinking about Grandma. She started to fix a cup of tea to take to her when she heard the elderly woman coming down the hall.

"I thought maybe you'd like some tea for a change, Mama," she called.

There was no answer but she heard a shuffling sound, and then what sounded like a body striking the floor. She ran to the stricken woman.

"Mama, are you hurt?" she gasped.

There was a faint voice as the mother stirred. "I'm all right. Just my old dizziness. I'm not hurt—but it makes me mad to be like this." The older woman sat up.

A few minutes later the two were drinking tea together. Mrs. Scott spoke first. "I think we'll have to put up a handrail in that hall, Mama. That's where you fell before."

*The SBH-CHD advocates handrails, ramps, bathtub grips and other special devices for the safety of the elderly in homes and institutions.*

"Oh, those things are for schools and hospitals," Grandma retorted.

Mrs. Scott let that pass but made a mental note to speak to her husband that night.

"Mama, are you sure you took the right medicine when you went to bed?" she asked.

*The 30 Poison Control Centers, established in hospitals by the state's pediatricians and supported by the SBH-CHD, provide information and technical help to doctors handling cases of persons accidentally poisoned by taking too much—or the wrong—medicine, or swallowing substances not fit for human consumption, like household cleaners, etc. There were 4985 such cases. Public health nurses followed up these cases by visiting each home to help make plans so it wouldn't happen again.*

"Of course, dear. Do you think I'm getting addled in my old

age? I took the little green pill."

That was the right pill, so Mrs. Scott paused again. She was wondering about the practicality of having one of those visiting nurses come to talk with her about her mother.

*Assisted with federal funds, the SBH-CHD-supported combination Home Care and Public Health Nursing Programs were expanded to cover 80 per cent of the population of the state. Care is given in the home to sick persons by many of the state's 664 public health nurses.*

Then Grandma smiled. "I'm feeling better," she said. "I was just thinking how different things are now from what they were in the old days. My goodness, I just don't know how we got along. There weren't any doctors. Not near enough, anyway. Why, practically all of the babies were delivered by midwives."

*Florida's registered midwives decreased in number to 200. They are supervised by the SBH-CHD and delivered about 4800 babies last year out of a total of 114,641 births.*

"If a person had a stroke, they just laid there 'til they died;

*The medical and physiotherapeutic rehabilitation of stroke victims was an important activity. Help was given to hundreds of such persons last year by public health nurses.*

"people with cancer had no hope at all;

*The 24 tumor clinics had 37,336 patients last year and 4736 were recommended for treatment.*

"and crazy people were just shut up and hidden away."

*The SBH's vast mental health program through 20 mental health and child guidance clinics helped 13,096 persons last year, and 5300 discharged patients from mental hospitals were visited in their homes by public health nurses.*

Mrs. Scott set down her empty tea cup. "You're right, Mama, things certainly are different these days," she said. "I really think you ought to eat something now."

"Yes, I expect I should," Grandma sighed.



Sliding glass doors, without markers or ornamentation, have been the cause of numerous accidents. The SBH-CHD have been studying this problem. Decals or similar devices are recommended.

---



## At the Plant

Meanwhile, Scott, a foreman in a metal fabricating plant, has just punched the time clock and stopped by the water cooler.

*Water bottling plants in the state total 26 and they are inspected and supervised by the SBH-CHD. There were 219 inspections last year.*

He glanced at the bulletin board. One notice read:  
EACH EMPLOYEE WILL BE REQUIRED TO SHOW A CERTIFIED COPY OF HIS BIRTH CERTIFICATE TO THE PERSONNEL OFFICE WITHIN THE NEXT SIXTY DAYS. THIS INFORMATION IS NEEDED FOR PURPOSES OF SOCIAL SECURITY, GROUP INSURANCE, THE PENSION PLAN, ETC.

*The SBH-CHD registered 114,641 births, 55,543 deaths, 43,120 marriages, 22,190 divorces and annulments and many other vital records in 1963.*

He remembered that he had shown his certificate when he was employed, and dismissed the matter from his mind. But one of his men reminded him of it a moment later, "Mr. Scott, I was



Thousands of migrant agricultural workers live and labor in Florida during the winter. The SBH-CHD continually study ways to improve their health through numerous services sponsored by the local, county, state and federal governments.

born in Canada. What do I do about that notice on the bulletin board?"

"Better ask Personnel. They know about those things," said Scott.

*Florida's population was estimated by the SBH-CHD at 5,639,900 in mid-1963, and growing at the rate of one person every three minutes.*

Then the general manager stopped him, "Scott, tell the other department heads I want a meeting at 11 o'clock. The new warehouse has been designated a Civil Defense Fallout Shelter, and

the State Board of Health man is coming to tell us about it."

*The SBH-CHD working with the State Office of Civil Defense, was assuming the responsibility for all medical care, public health services, potable water, and mortuary services in case of major disaster. Forty portable hospitals are in storage around the state for such an emergency.*

Scott said he would and stepped into the washroom. On the wall was a neat placard: VD CAN BE CURED. SEE YOUR DOCTOR OR HEALTH DEPARTMENT.

*The SBH-CHD noted an increase to 1883 new infectious venereal disease cases in 1963. Education and contact investigation were stepped up with federal funds. The greatest increase was noted among teen-agers.*

He found the room reasonably tidy. Scott remembered making a recommendation for regular inspection of the washroom one time when a survey was being made by the SBH of noise, dust, fumes and possible radiation hazards in the plant.

*The SBH-CHD made 113 such investigations last year.*

Radioactive materials were used in the plant for some technical operations and some of the men wore badges with photographic film in them to help detect the amount of radiation to which they were exposed.

*The SBH-CHD kept up such a surveillance, posting warning signs where needed, and checked 603 X-ray machines and other sources of radiation danger during the year.*

One of Scott's men had mistakenly worn his exposure badge out to the X-ray trailer where examinations were being given for tuberculosis by the SBH.

*With X-ray tests the SBH-CHD checked 620,633 persons last year—and found 1563 cases of active TB.*

As he left the washroom, Scott met Sam McCorkle, the engineer in charge of the air pollution control equipment.

*Air pollution control was an important activity of the SBH-CHD, which conducted surveys and recommended remedial measures.*

"Sam," he said, "I hear you're buying a house out in Pine Acres." "Yeah, I was, but I changed my mind. I don't go for those septic tanks and private wells. Too much chance of trouble later on."

*In the absence of specific laws regulating septic tanks, the SBH-CHD are doing all they can to encourage the use of water and sewerage systems in subdivisions. Plans, including these necessary services, were approved for 55 subdivisions with 2200 home sites.*

Scott grinned, "There's been a lot of unhappy people who found out too late that septic tanks don't work on small lots.

But McCorkle had something else on his mind, "Say, my kid's going to get married, you know. Where do they go to get those blood tests they have to have?"

"I imagine the company nurse would have a list of places. Ask her!" Scott answered.

*The SBH-CHD laboratories certified some 250 private laboratories for making premarital blood tests, and handled a total of 2,811,981 tests for physicians, dentists, law enforcement agencies and CHDs and other public health programs.*

"Of course, she would. I never thought of asking her. Say—let's go to lunch. It's almost noon."

As they ate, McCorkle told Scott of plans he and his family had made for a trailer tour through Florida.

Scott laughed as he remarked, "We had planned just such a trip last year when John came down with infectious hepatitis. Took him several weeks to get over it. Never could exactly say where he got it."

*The SBH-CHD maintains sanitation surveillance of trailer parks (1760 visits in 1963), camps (5544 visits), swimming pools (17,263 visits) and also water and food services in trains, planes, buses and ships and other places where portable water and food services are rendered.*

*The SBH-CHD investigated all outbreaks of such communicable diseases as encephalitis, polio, diphtheria, hepatitis, typhoid,*

*food poisoning, tetanus, influenza and dysentery to determine and eliminate their sources.*

Scott went back to his desk. A short while later he got a telephone call. It was the president of his civic club, "Don't forget you're to introduce the director of the CHD tonight at the meeting." "What's he going to talk about?" Scott asked. "What a health department does to protect our health every day."

"Guess I'd better get on down there and talk to him a few minutes so I'll have a little background information."

As Scott hung up, he reached for his coat, walked out the door and remarked to no one in particular, "Now what does a health department do? Can't think of a thing right now!"

## **At the Williams' Home**

It was getting close to noon, and in another part of town a Florida family that was not average was having a difficult day. That is, Mrs. Williams was. Her husband, Bill, a laborer in the plant where Scott worked, was in the hospital with a broken leg, suffered in a fall from the roof of their run-down cottage.

*The SBH-CHD operates under contract with the State Department of Public Welfare the two hospitalization services for the indigent which spent \$8,982,000 in 1963 for the care of 35,225 persons who could not pay their medical bills.*

Her mother was a penniless invalid in a nursing home

*As part of the above program, the Public Assistance Recipient hospitalization, medical care and nursing program spent \$4,835,-479 of federal and state money supporting 19,947 indigent elderly persons who were recipients of relief funds.*

and now Mrs. Williams was six months pregnant with her fifth child in 10 years.

*The prenatal and postnatal clinics of the SBH-CHD were visited 62,168 times in 1963 by mothers and expectant mothers who could not afford a private physician's care.*



Mrs. Williams ignored a small dispute between two of the younger children and looked around the untidy house. She wondered if her next child would be premature as the last had been. He had had to stay in the hospital for over two months before she could bring him home.

*The SBH operated the Premature Demonstration Center in Miami and gave training to 231 nurses and doctors from all over the state in the care of premature babies. CHD nurses visited the homes of many of these babies before they went home to make sure they were ready to receive them.*

Well folks who could afford it went to a family doctor, but she would have to just keep going to the county clinic. They were real nice to her though and had helped her make plans to get into a hospital for delivery at a minimum fee. She began to clean off the kitchen table and her face fell. A note from the public health nurse who visited the school said Kenny should be taken to the doctor to have his eyes checked. Well, with Bill out of work, she'd just have to talk with the nurse at the clinic. She'd help her, she was sure. The nurse had given her good advice before.

*Vision screening is a routine phase of the school health program. A total of 398,056 tests were made last year.*

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Do you think we've told you everything? Indeed not. We could go on for hours. For example, there's the Encephalitis Research Center at Tampa, and the Audio-Visual Library that lends thousands of films each year, orientation programs at the Sunland Training Centers for public health personnel, the Cuban Refugee Medical Program, the constant cooperation on many projects between SBH-CHD and the State Department of Education, Florida Council for the Blind and a host of other official and voluntary health agencies, and . . . but here we stop.

If you'd like to know more, visit your County Health Department. You'll be amazed at the many ways your health and that of your family and friends, is protected every day.

We think you'll be grateful to know there is a SBH in Jacksonville and a CHD in your county.

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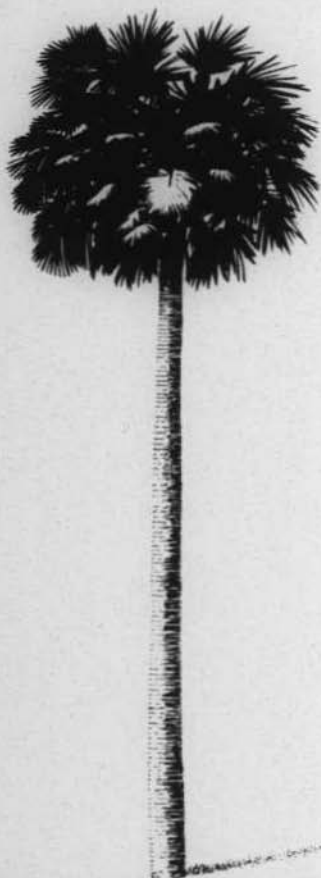
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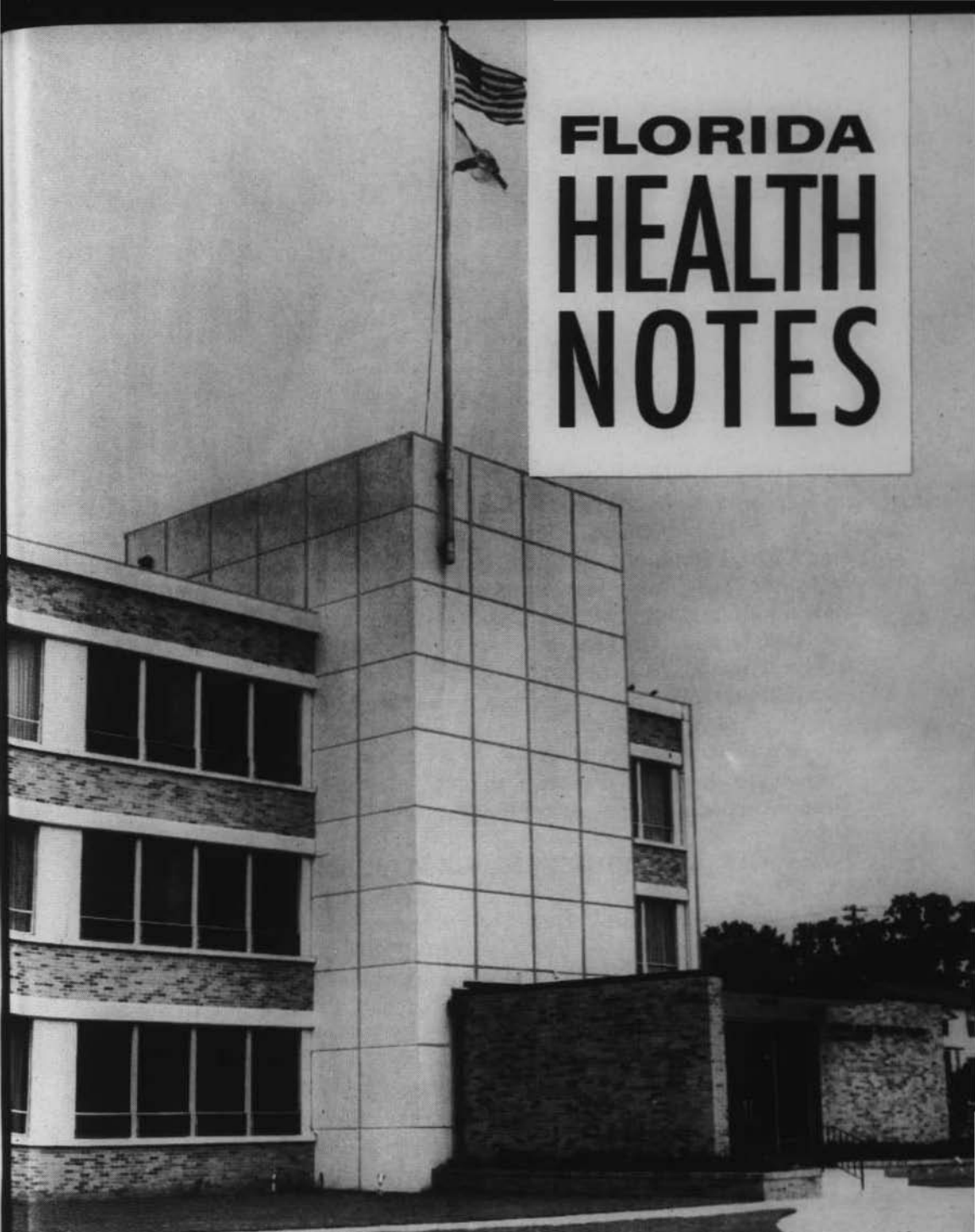
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# FLORIDA HEALTH NOTES

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COMMUNICABLE  
DISEASES  
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# COMMUNICABLE DISEASES

**T**HE STATE Board of Health and the 67 County Health Departments are becoming increasingly concerned with such public health problems as chronic diseases, mental health and industrial wastes, but **communicable diseases are still with us**. True, measles, mumps and chicken pox are not always serious—but they may be. Typhoid fever and diphtheria are also dangerous and still seen occasionally. Impetigo, itch, head lice and ringworm all are unpleasant—but we still see evidences of them around us. Ask any teacher or parent.

This issue of **Health Notes** is a review of these and other communicable diseases. Be sure to read the recommendations about immunizations in the center pages.

## ARE ALL YOUR IMMUNIZATIONS UP-TO-DATE?

Please don't think that the diseases listed here are the only communicable ones we know about! There are many others but those herein are the ones about which we seem to have the most inquiries. So . . . take your choice of the **Table of Contents** and read on.

Even though the comments about each of the communicable diseases noted do not repeat the phrase "see your physician," we cannot too strongly recommend that you do so. Not only should every family have a family physician who will want to keep records of illnesses of all members, but it has been said that the lay person who treats himself has a fool for a doctor.



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# DEFINITIONS

\***Antibody** — a specific chemical substance produced by and in an animal or human as a preventive reaction against a germ or disease agent.

\***Carrier** — a person who may transmit a disease unknowingly and not be ill himself with the disease.

\***Communicable disease** — a disease that can be transmitted from one person to another or from animal to man.

\***Contacts** — persons who are or have been in the presence of another person who has a communicable disease.

\***Contaminate** — to soil or dirty any article with germs or viruses.

\***Diarrhea** — excessive looseness and frequency of bowel movement.

\***Droplet spread** — the manner in which a disease is spread by invisible spray from the mouth or nose of a person with a communicable disease.

\***Endemic** — a disease usually present in a particular region or locality.

\***Epidemic** — a disease attacking many people at the same time in a particular region.

\***Febrile** — any illness marked with a fever.

\***Fever** — a state in which the patient has an elevation of temperature from the normal level.

\***Gamma globulin** — a particular part of human blood serum which contains high concentrations of antibodies.

\***Incidence** — the number of cases of a disease occurring during a prescribed period of time.

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## FLORIDA HEALTH NOTES

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\***Infection** — the presence of disease-producing organisms or agents in the body.

\***Infectious** — caused by or capable of being communicated by infection.

\***Immunity** — a protection from disease, either by having had and recovered from a disease, or by artificial means through immunization.

\***Immunization** — introduction of a vaccine into the body to produce immunity against a particular disease.

\***Incubation period** — the period between the exposure to a disease and the appearance of the first symptoms.

\***Inoculation** — introduction of special serum or vaccine into the body to protect against disease.

\***Isolation** — the separation from contact with others of patients having a communicable disease.

\***Nodule** (node) — small well-marked swelling.

\***Parasite** — an animal or plant which gets its food from another animal or plant.

\***Quarantine** — restrictions placed on the entrance or exit from the place or premises where a case of communicable disease exists.

\***Rash** — a breaking-out on the skin.

\***Scab** — a crust that forms over a wound, sore, or skin disease during the healing stage of the disease.

\***Symptom** — any abnormal feeling noted by the patient as a result of having a disease; this aids in diagnosis.

\***Transmission, disease** — the spreading of a disease by any means or methods.

\***Vaccination** — the introduction of a vaccine into the body to produce immunity against disease.

\***Vaccine** — any material for preventive immunization; a preparation of killed or otherwise altered germs or viruses which, on introduction into the body, produces immunity against disease.

\***Vesicle** — a small bladder or sac containing liquid; a small blister.

# CHICKEN POX

**SIGNS AND SYMPTOMS** — Usually begins with a mild fever followed several days later by the occurrence of small raised pimples which become filled with a clear fluid; scabs form later. Smallpox can resemble chicken pox in its early stages.

**TRANSMISSION** — Spread from person to person through direct contact, droplets, through articles freshly soiled by discharges from the skin and mouth of infected persons. One of the most readily communicable of diseases, especially in the early states of eruption.

**PERIOD OF INCUBATION** — From 14 to 17 days; may be as long as three weeks.

**CONTROL AND PREVENTION** — Isolation is required from the onset of the rash through the six succeeding days. Other children of the family may attend school but should be closely observed and excluded immediately at the first sign of illness. No preventive immunization is known.

**PERIOD OF COMMUNICABILITY** — Usually one day before the rash and for six days after the appearance of the rash.

# COMMON COLD

**SIGNS AND SYMPTOMS** — Infection of the upper respiratory tract characterized by irritated nasal passages and sinuses, watering eyes, chilliness and feeling of weakness lasting from two to 14 days. Complications may involve inflammation of the sinuses, larynx, trachea, lungs and ears.

**TRANSMISSION** — Through direct contact; or indirectly by droplet spread and articles soiled by the discharge of the infected person.

**INCUBATION PERIOD** — From 12 to 72 hours, usually 24 hours.

**CONTROL AND PREVENTION** — Isolation of infected persons, particularly small children. Washing of eating and drinking utensils, education in personal hygiene such as covering mouth and nose when coughing or sneezing and the disposal of nose and mouth secretions through the use of disposable tissues. Treatment by forcing liquids, rest and avoiding undue hot or cold exposure would tend to increase the individual's natural resistance.

**PERIOD OF COMMUNICABILITY** — From 24 hours before onset of symptoms to five days after disease begins.

## DIPHTHERIA

**SIGNS AND SYMPTOMS** — Early signs are fever (may be low), sore throat and, at times, white or gray patches on the throat, palate or tonsils. The early signs are often mistakenly and dangerously confused with severe tonsillitis. Skin lesions and sores, especially around the mouth, may also be caused by the diphtheria germs.

**TRANSMISSION** — By contact with a patient or carrier, or with articles soiled by discharges of such persons. Milk has also served as a mode of transmission.

**INCUBATION PERIOD** — Two to five days, occasionally longer.

**CONTROL AND PREVENTION** — The patient should be isolated until he has had antibiotics for a week and three consecutive bacteriologic examinations obtained at intervals of 24 hours or more and found to be free of the diphtheria germ. Adequate immunization at an early age will prevent the disease.

**PERIOD OF COMMUNICABILITY** — Usually two weeks or less, seldom more than four weeks.



# INFLUENZA

**SIGNS AND SYMPTOMS** — An acute, highly communicable disease characterized by abrupt onset with fever, chilliness or chills, aches or pains in the back, legs and shoulders, and physical discomfort or exhaustion. Respiratory symptoms such as nasal discharge, sore throat, nonproductive cough all are lesser features of early influenza.

**TRANSMISSION** — By direct contact, through droplet infection, or by articles freshly soiled with discharges of the nose and throat of infected persons.

**INCUBATION PERIOD** — Usually from 24 to 72 hours.

**CONTROL AND PREVENTION** — Active immunization prior to an outbreak is the only known method of achieving a substantial reduction in incidence of influenza. The public should be educated as to the hazards arising from spitting, sneezing and coughing in the close presence of others, and the inherent risk in the common use of drinking glasses, towels, eating utensils or toilet articles. The use of and proper disposal of paper handkerchiefs may help in the prevention of this disease.

**PERIOD OF COMMUNICABILITY** — Probably limited to a brief period before clinical onset and one week thereafter.

# FOOD POISONING

Food poisoning is caused by numerous agents and is a term applied to "food infections," caused by bacteria multiplying in the body, and "food intoxications," occurring when the bacteria release a toxin as they multiply. Other types of food poisonings are caused by chemicals or plants.

## Food Infection

**SIGNS AND SYMPTOMS** — This condition is caused by such bacteria as *Salmonella* or *Shigella* which live in the intestinal tract of man and some animals. Stools are watery and often contain mucus and blood. Abdominal pains may be followed by nausea, vomiting and headache.

**TRANSMISSION** — These bacteria are spread principally by eating contaminated food or drink or indirectly by means of food, utensils, towels and other articles handled by infected persons.

**INCUBATION PERIOD** — In *Salmonella*, six to 24 hours after the eating of contaminated food, usually about 12 hours; *Shigella*, usually 24 to 48 hours.

**CONTROL AND PREVENTION** — Thorough cooking of all food-stuffs from animal sources, particularly fowl, egg products and meats. Education of food handlers in good personal hygiene (particularly washing of hands after going to the toilet), in sanitation and cleanliness of kitchen, including proper refrigeration, frequent handwashing and excluding of infected persons or suspected carriers from food preparation. There are no preventive immunizations.

**PERIOD OF COMMUNICABILITY** — The disease can be transmitted as long as the organisms are present in the stool of an infected person.

## Food Intoxication

**SIGNS AND SYMPTOMS** — Caused by such bacteria as *staphylococci* or *botulini* in contaminated foods. In the staphylococcal type, which is the most common, there is an abrupt and sometimes

violent onset with nausea, vomiting, exhaustion and often severe diarrhea.

Botulism is a highly fatal poisoning characterized by headache, weakness, constipation and paralysis of the eye muscles or other muscles. Severity may depend upon the amount of poison ingested. Without treatment in more severe cases, death occurs within three to seven days.

**TRANSMISSION** — Staphylococci may be found in pimples, boils, cuts and even on the walls of rooms and are responsible for most food intoxication through processed meats; ham, potato and chicken salad; and other carelessly handled perishable foods. Dried milk powder and custard-filled pastry have been involved. Improper refrigeration plays a big part in outbreaks due to food intoxications.

Botulism is contracted through the consumption of undercooked canned meats and vegetables (often processed at home) or poorly packaged fish products.

**INCUBATION** — Staphylococcal poisoning — from one-half to four hours; botulism — usually from 10 to 20 hours after eating food containing the toxin.

**CONTROL AND PREVENTION** — Persons who are stricken should be under the care of a physician. **Prevention** of staphylococcal intoxication includes prompt refrigeration of sliced or chopped meats, creamed or custard-filled desserts until served, immediate disposal or proper refrigeration of leftover foods; education of food handlers on how to maintain sanitation and cleanliness of kitchen, equipment, and good personal hygiene.

Botulism may be prevented by adequate cooking or heating of prepared foods to inactivate the bacteria. There is no preventive immunization.

**PERIOD OF COMMUNICABILITY** — Not communicable directly from man to man.

# HEPATITIS, INFECTIOUS

## (Epidemic Jaundice)

**SIGNS AND SYMPTOMS** — Loss of appetite, fatigue, dark brownish urine, frequently clay-colored stools. The yellow discoloration of the skin may appear early or be very mild. It may be noticed only by the change in the color of the sclera (the white of the eyeball) or by liver function tests in a laboratory.

**TRANSMISSION** — Caused by a virus localized in the intestinal tract and spread through contact with virus-contaminated material. Epidemics have been related to sewage, contaminated water, food and milk.

**INCUBATION PERIOD** — 10 to 50 days, average of 25 days.

**CONTROL AND PREVENTION** — The patient should be excluded from school and isolated for at least seven days after the onset. Contacts need not be quarantined. Gamma globulin may be given to the immediate household contacts of the patient upon the recommendation of the family physician. No active immunization is available. Good sanitary measures around the house and grounds would help limit the spread of the infectious hepatitis virus.

**PERIOD OF COMMUNICABILITY** — Unknown.

# HOOKWORM

**SIGNS AND SYMPTOMS** — Caused by a small parasitic worm. A variety of vague symptoms occur, varying greatly according to the extent of the infection and nutrition of the patient. The blood-sucking activity of the worms, along with malnutrition, often leads to secondary anemia. Infected children may be retarded in physical development and their mental alertness impaired.

**TRANSMISSION** — By eggs of the worm in feces deposited on the ground. The eggs hatch and develop into larvae which penetrate the skin (usually foot) of the human causing "ground itch."

**INCUBATION PERIOD** — The first eggs appear in the feces about six weeks after infection. Symptoms may appear after a few weeks to many months or even years, depending on the intensity of the infestation.

**CONTROL AND PREVENTION** — Persons with hookworm should be treated. It is necessary that the public be educated as to the dangers of soil pollution (depositing of feces on the ground) and methods of prevention. Soil pollution is effectively prevented through the installation and use of sanitary disposal systems for human discharge. Personal care by cleanliness and the wearing of shoes should be stressed.

**PERIOD OF COMMUNICABILITY** — Infected persons are potential spreaders of infection as long as they remain infected and continue to pollute the soil.

## IMPETIGO

**SIGNS AND SYMPTOMS** — A skin disease most often caused by the staphylococcus germ and less often by the streptococcus. Characterized initially by blisters which later become crusted. Commonly found on the face and hands but sometimes widely spread over the body. This disease is often found in newborn babies and young children.

**TRANSMISSION** — By contact with a patient or carrier or with articles contaminated by such persons.

**INCUBATION PERIOD** — Variable and indefinite. For infection of the newborn from two to 20 days or normally four to six days.



**CONTROL AND PREVENTION** — Anyone with impetigo should be treated. Strict hygiene and isolation are required. Good hygienic measures and adequate nutrition help resistance.

**PERIOD OF COMMUNICABILITY** — As long as lesions are unhealed.

## **PEDICULOSIS** **( Head and Body Lice )**

**SIGNS AND SYMPTOMS** — Itching of the scalp or hairy parts of the body. Close examination of the involved areas will usually reveal the cause (the louse). Sometimes examination of the seams of clothing is indicated.

**TRANSMISSION** — By direct contact with an infected person or indirectly by contact with bedding or clothing and headgear of such persons.

**INCUBATION PERIOD** — Usually about two weeks.

**CONTROL AND PREVENTION** — Avoid physical contact with persons suffering with the condition and avoid direct contact with the contaminated articles of clothing. Education should be given in the value of using hot water and soap to maintain cleanliness, and laundering of clothing to destroy lice.

**PERIOD OF COMMUNICABILITY** — While lice remain alive on the infested person or in his clothing, and until eggs in the hair and clothing have been destroyed.

## **SCABIES** **( Itch )**

**SIGNS AND SYMPTOMS** — An itching disease of the skin caused by a crab-shaped mite and characterized by a "breaking out" produced from the burrowing of the female mite into the skin.

(Continued on Page 148)

# SUGGESTED ROUTINE I

FLORIDA STATE

Bureau of Pre

TYPE	STARTING AGE	SCHEDULE
Diphtheria-Pertussis Tetanus Combined (DPT)	2 months up to 5 years of age	3 doses, I.M.* 1 month apart— interval—4 months
Diphtheria-Tetanus Combined	2 months up to 8 years	2 doses—1 month apart—maximum —4 months
Diphtheria-Tetanus Combined <b>For Adult Use</b>	Any age over 8 years	2 doses, 1 month maximum interval 4 months
Tetanus Toxoid	Any age over 2 months	2 doses, 1 month maximum interval months
Typhoid-Paratyphoid Triple Vaccine Against S. Typhosa S. Paratyphi S. Schottmulleri	Any age over 1 month. Not recommended except in endemic areas or in presence of known sanitation hazards	3 doses, subcutan 1-4 weeks apart
Smallpox Vaccine (Must be kept frozen)	Any age over 1 month. Usually at about 6 months. <b>Do not vaccinate if eczema is present in patient or family.</b>	1 vaccine point— ple pressure meth cleaning skin with or ether
Monovalent oral polio vaccine	2 months of age or older	Type 1-3-2 give apart
Trivalent (must be kept frozen, after thawing keep refrigerated and use within 7 days)	6 months of age	Type 1-2-3 give in (Follow manufact structions for dos

\*Intramuscularly

# MUNIZATION SCHEDULE

## ARD OF HEALTH

### able Diseases

	BOOSTER INTERVAL	REMARKS
mum	12 months after initial series, then every 3-4 years or upon exposure	After age 5, pertussis is omitted and adult-type diphtheria-tetanus is sufficient for booster
erval	12 months after initial series, then every 3-4 years or upon exposure	After age 5 years, adult diphtheria should be used to continue protection
art—	12 months after initial series, then every 3-4 years or upon exposure	This may be given to adults without prior Moloney test for diphtheria-adult type-toxoid sensitivity
art—	12 months after initial series, then every 3-5 years or upon exposure	Good booster response is obtained after intervals as long as 10 years
sly	Every 1-3 years or upon exposure	Intracutaneous route (0.1 ml) recommended for booster injections
multi-after etone	Every 5 years or upon exposure or travel to endemic areas. International certificate is valid for 3 years	Unless immune or primary reaction occurs, vaccination should be repeated every 2-4 weeks until either occurs
onth  dose s in-	Trivalent at age of 10 months or after Type 3 is given or presence of epidemic or exposure  Booster 8 weeks. Booster at age of 15 months or presence of epidemic or exposure	The oral vaccines are not recommended for the elective initial immunization of adults Pregnant women should be protected first with the inactivated vaccine (Salk) and only later with the oral vaccines Under epidemic conditions, the oral vaccines should be given to all, regardless of age or Salk vaccine status

**TRANSMISSION** — By direct contact and to a limited extent from undergarments or soiled sheets freshly contaminated by infected persons.

**INCUBATION PERIOD** — Four to six weeks until itching is noticed.

**CONTROL AND PREVENTION** — School children should not be allowed to return to their classrooms until they have been properly treated by a physician. Personal cleanliness, cleanliness of garments and bedclothes should be maintained.

**PERIOD OF COMMUNICABILITY** — Until mites and eggs are destroyed.

## RINGWORM

**SIGNS AND SYMPTOMS** — A disease of the skin of man (frequently of the scalp) and domestic animals, marked by the formation of ring-shaped pigmented patches covered with blisters or scales. Infected hairs become brittle and break easily.

**TRANSMISSION** — By direct contact with cases — either man or animal, especially dogs, cats and cattle. Sources of infection include backs of theater seats, barber clippers, toilet articles or clothing contaminated with hair from infected animals or man.

**INCUBATION PERIOD** — From 10 to 24 days.

**CONTROL AND PREVENTION** — Anyone having ringworm should be placed under treatment by a physician. No child with ringworm should be readmitted to the classroom unless he has a note from a physician stating he is under care and treatment is started. Washable stocking caps should be worn at all times by the patient until he is cured.

**PERIOD OF COMMUNICABILITY** — As long as the infected lesions are present.

# MEASLES

## ( Rubeola )

**SIGNS AND SYMPTOMS** — Moderate to severe cough, red, watery eyes, discharge from the nose, and fever. The symptoms may precede the usual rash by four to five days.

**TRANSMISSION** — By droplet spread and direct contact with an infected person or through articles soiled by discharge from nose and throat of a case.

**INCUBATION PERIOD** — Seven to 14 days, usually 10 days.

**CONTROL AND PREVENTION** — Any child with measles should be isolated from the time of the first symptoms until four to five days following the onset of the rash. Gamma globulin, given to exposed chronically ill children or children suffering from other diseases will prevent development of the disease. An effective vaccine is available for preventive immunization.

**PERIOD OF COMMUNICABILITY** — From four days before the rash to about five days after the rash appears.

# MEASLES, GERMAN

## ( Rubella )

**SIGNS AND SYMPTOMS** — A mild febrile infectious disease with a rash of variable character caused by a virus and sometimes resembling that of measles, sometimes that of scarlet fever, and sometimes both. A small nodular swelling behind the ears often occurs.

**TRANSMISSION** — Through droplet spread or direct contact with articles freshly soiled with discharges from the nose or throat. Air-borne transmission also occurs.

**INCUBATION PERIOD** — From 14 to 21 days, usually 18 days.

**CONTROL AND PREVENTION** — Efforts to control rubella are



prompted by the hazard of significant congenital defects in offspring of women who acquire the disease during pregnancy. For this reason, it is not recommended that female children in good health be protected against infection. In those instances in which prevention is desirable, gamma globulin is an effective measure. There is no immunizing vaccine.

**PERIOD OF COMMUNICABILITY** — During prodromal period (beginning of symptoms) and at least four days after the rash appears.

## MUMPS

**SIGNS AND SYMPTOMS** — Begins with slight fever, nausea; then painful swelling appears at the angle of the jaw and in front of the ear. Mumps swelling may occur also below the jaw and forward from the angle of the jaw. In adult males first signs of mumps may be swelling of genital organs.

**TRANSMISSION** — By droplet spread and by direct contact with an infected person; or indirectly through articles freshly soiled with saliva of such persons.

**INCUBATION PERIOD** — From 12 to 28 days, averaging 18 days.

**CONTROL AND PREVENTION** — Isolation of the patient until all swelling disappears. Other children in the family may attend school, but should be closely observed for any signs of the disease and excluded from school at the earliest symptoms of illness.

Active immunization is available but is not recommended for use in healthy children. Passive immunization (or protection by mumps immune globulin) may be indicated for children ill with other diseases. Other control measures include the thorough cleaning and disinfection of articles soiled with secretion from the nose and throat of the patient.

**PERIOD OF COMMUNICABILITY** — The virus may be in the saliva from one to six days before the onset of swelling or other clinical symptoms and will continue to be present until the swelling has disappeared.

# CONJUNCTIVITIS

## (Pink Eye)

**SIGNS AND SYMPTOMS** — Begins with watering, irritation and redness, of one or both eyes, followed by swelling of the lids, and pus in the eye. Disease usually lasts from two to three weeks.

**TRANSMISSION** — By contact with infected individuals through contaminated fingers, clothing or other articles. It may be transmitted by gnats or flies.

**INCUBATION PERIOD** — Usually 24 to 72 hours.

**CONTROL AND PREVENTION** — Includes personal cleanliness, hygiene and treatment of infected eyes. It is important that the children should not attend school during the acute stage. Patients should be treated by a physician.

# POLIOMYELITIS

**SIGNS AND SYMPTOMS** — Slight fever, general discomfort, vomiting, headache. Sometimes stiff neck, back pain and/or muscle spasm with or without paralysis.

**TRANSMISSION** — Secretion from nose and throat and the feces of patients and carriers. No reliable evidence of spread by foods or insects has been discovered.

**INCUBATION PERIOD** — Usually seven to 14 days, but may be less than seven days.

**CONTROL AND PREVENTION** — The best protection is obtained from the use of oral polio vaccine but the inactivated vaccine (Salk) also is effective. Both vaccines are acceptable and both are indicated for certain groups of people. Since there are three types of poliovirus, even persons who have had polio should receive the vaccine. Good personal hygiene on the part of family members and

the adequate disposal of excretions from the patient will limit the spread of the disease.

**PERIOD OF COMMUNICABILITY** — Not exactly known, but probably limited to the period of time during which the virus is present in the throat or the feces of the patient. The virus may be present in the stool for six weeks.

## RABIES

**SIGNS AND SYMPTOMS** — The disease is caused by the virus of rabies and starts with headache, fever, a sense of apprehension and muscle dysfunction.

**TRANSMISSION** — Usually from the saliva of rabid animals. Human infections are the result of the bites of dogs, wild animals, other domestic animals and occasionally some types of bats.

**INCUBATION PERIOD** — Two to six weeks or longer.

**CONTROL AND PREVENTION** — The most important preventive measure is the control of dogs and other animals. All domestic animals should receive active immunization for rabies. An important part of control is to keep track of, or find the animal that caused the bite. The animal should be placed in quarantine and observed for evidence of rabies. If the animal should die, the head should be sent to the State Board of Health for examination. If the animal is alive and well after 14 days, it probably did not have rabies. **NEVER KILL AN ANIMAL** that has just bitten a person because the evidence of the disease within the animal's brain tissue (Negri bodies) will not be present at the early stage of the disease.

Any person receiving an animal bite should consult his physician. There is no specific treatment for rabies once the disease has developed. The best prevention is to avoid animal bites. One should be particularly cautious in feeding, handling or "playing with" wild animals; especially "tame" wild animals.

**PERIOD OF COMMUNICABILITY** — For a rabid animal, usually three to five days before the onset of the disease and during the course of the disease in the animal.

# STREPTOCOCCAL SORE THROAT

(Scarlet Fever)

**SIGNS AND SYMPTOMS** — Sore throat, headache, fever and sometimes nausea and vomiting. Streptococcal sore throat may be accompanied by a rash — then the disease is called scarlet fever. The sore throat may be the only symptom and the throat generally will be beef-red in color.

**TRANSMISSION** — By direct contact with a case or carrier; by indirect contact through contaminated objects; or by droplets spread whereby streptococci are inhaled. Casual contact rarely leads to infection. Explosive outbreaks may follow the ingestion of contaminated milk or other foods.

**INCUBATION** — Two to five days.

**CONTROL AND PREVENTION** — The patient should be isolated for seven days, unless medical treatment has terminated the communicable state earlier. Contacts need not be quarantined. There is no effective immunization.

**PERIOD OF COMMUNICABILITY** — From the first sign of illness until the patient is completely recovered and abnormal discharges from the ear, nose or throat have stopped.

## SMALLPOX

**SIGNS AND SYMPTOMS** — A highly contagious disease characterized by sudden onset with fever, chills, headaches, severe backache and prostration, continuing for three to four days. The temperature then falls and a rash appears which passes through several stages, forms crust and finally scabs. The scabs fall off at about the end of the third week.

**TRANSMISSION** — The disease is caused by the virus of smallpox and is transmitted by contact with persons who have the disease. Contact need not be intimate. Aerial transmission through droplets may occur over short distances within closed spaces. It is spread also by contaminated articles or even persons who have been in close contact with cases.

**INCUBATION PERIOD** — From seven to 16 days, commonly 12 days.

**CONTROL AND PREVENTION** — Patients should be under medical care and isolated until all scabs have been shed. All persons living or working on the same premises as the person who develops smallpox, or otherwise have intimate exposure should be considered contacts, and promptly vaccinated or revaccinated and observed for three weeks. If fever appears, quarantine until diagnosis is made. All unvaccinated persons in the vicinity of cases should be promptly vaccinated.

Children should be vaccinated at six to 12 months of age; however, it may be done during the newborn period. All persons should be revaccinated every three to five years or in the presence of an epidemic.

**PERIOD OF COMMUNICABILITY** — From the first symptoms to the disappearance of all scabs and crusts — period of about two to three weeks.

## TETANUS

**SIGNS AND SYMPTOMS** — An acute disease induced by the toxin of the tetanus bacillus growing at the site of an injury. It is characterized by painful muscular contractions, primarily of the lower jaw and neck muscles, secondarily of the trunk.

**TRANSMISSION** — The bacillus enters the body through an injury, often a puncture wound, but even insignificant and unnoticed wounds, contaminated with soil, may receive the germs.



**INCUBATION PERIOD** — Commonly four days to three weeks, dependent somewhat upon the character, extent and location of the wound. Longer periods have been noted.

**CONTROL AND PREVENTION** — The community should receive education about the danger of injuries and burns and the need after injury for either a reinforcing (booster) injection if previously actively immunized, or passive protection by tetanus antitoxin if not previously immunized. Active immunization with tetanus toxoid gives protection against tetanus. The initial immunization should be given during infancy or early childhood, preferably in combination with diphtheria and whooping cough (DPT). Adults not previously immunized should receive the basic series of two injections and all persons should receive boosters every three to five years, or at the time of injuries.

**PERIOD OF COMMUNICABILITY** — This disease is not directly transmissible from man to man.

## TYPHOID FEVER

**SIGNS AND SYMPTOMS** — An infection caused by the typhoid bacillus and characterized by continued fever, involvement of glands, rose spots on the trunk and constipation (sometimes diarrhea). Many mild infections are unrecognized.

**TRANSMISSION** — Spread by direct or indirect contact with sick patients or well carriers. The principal vehicles of spread are contaminated water and food. Raw fruits and vegetables, milk products and shellfish are important factors in various parts of the world. Contamination from the unclean hands of carriers is a common method of spread. Under some conditions, flies are important vectors.

**INCUBATION PERIOD** — One to three weeks, usually about 14 days.

**CONTROL AND PREVENTION** — Typhoid fever cases should be isolated and under the care of a physician. Family and immediate contacts should be examined for the typhoid bacillus. Carriers should be educated regarding their problem and restricted from food handling. Persons subject to exposure to typhoid fever should be immunized. Adequate control depends upon a protected and treated public water supply and the sanitary disposal of human excreta. Good personal hygiene by everyone is particularly necessary — especially persons concerned with food production and preparation.

**PERIOD OF COMMUNICABILITY** — As long as typhoid bacilli appear in excreta, usually from the second week of illness through convalescence; but some carriers shed typhoid bacilli for their entire life.

## WHOOPING COUGH ( Pertussis )

**SIGNS AND SYMPTOMS** — Onset similar to that of a bad cold with sneezing and coughing. The coughing increases in severity until a definite whooping sound is made when the breath is drawn in. The coughing attacks may become so severe as to cause vomiting.

**TRANSMISSION** — Caused by the pertussis bacillus and transmitted by direct contact with an infected person, by droplet spread, or indirect contact with articles freshly soiled with discharges from the nose or throat of a patient.

**INCUBATION PERIOD** — Five to 21 days, usually 10 days.

**CONTROL AND PREVENTION** — After onset the patient should be isolated for about three weeks. Immunized contacts may attend school but should be closely observed by the teacher and excluded immediately at the first sign of illness. Direct contacts who have not been immunized should be quarantined for 14 days and excluded from school. The immunization of all children during infancy, coupled with periodic boosters, is the best preventive measure.

**PERIOD OF COMMUNICABILITY** — During the time of the "cold" and during the first three weeks of the whooping "cough." After six weeks the patient may be considered noninfectious.

## SYPHILIS

**SIGNS AND SYMPTOMS** — The symptoms and signs of syphilis are divided into three stages:

**Primary stages:** the primary lesion is called the "chancre" and usually appears on the moist surface and mucus membranes of the body, generally in the genital area, but occasionally in the mouth and on the lips. Often cannot be observed in the female.

**Secondary stages:** characterized by a variety of skin eruptions, usually a rash, occurring six weeks to six months after the initial infection. The secondary lesions are very infectious and appear on the body, hands, soles of the feet and the genital area.

**Third stage** is divided into two parts: a "latent" stage in which no symptoms are apparent and a "late" stage in which the infection involves the skin, bones, brain, heart or any organ of the body.

**TRANSMISSION** — Usually by sexual contact; however, contact of moist surfaces (such as the lips) may constitute adequate exposure.

**INCUBATION PERIOD** — The time from exposure to the appearance of the first primary lesion may vary from 10 days to 90 days.

**CONTROL AND PREVENTION** — Treatment of a syphilitic patient, particularly in an early stage, without examining his or her sexual and other contacts, contributes very little to the control of syphilis. It is easy for syphilis to travel faster than individual cases can be sought out and treated. The only prevention is by avoiding contact with lesions of this disease. There is no immunization available.

**PERIOD OF COMMUNICABILITY** — Communicable so long as there are active moist lesions (primary and secondary stages).

## GONORRHEA

**SIGNS AND SYMPTOMS** — Gonorrhea is an inflammation of the genital tract caused by the gonococcus. It may involve other areas of the body. Gonorrhea in the male is generally characterized by severe burning and smarting on urination and copious discharge from the urethra. In the female there is often an excessive discharge from the female organs but it may be slight and overlooked.

**TRANSMISSION** — The transmission of this disease occurs almost exclusively by direct sexual contact. Man and woman is the only reservoir.

**INCUBATION PERIOD** — Three to seven days.

**CONTROL AND PREVENTION** — The patient should be treated on the first evidence of the infection. Contacts of the patient should be examined and treated if necessary. Gonorrhea and syphilis may be present in the same individual at the same time.

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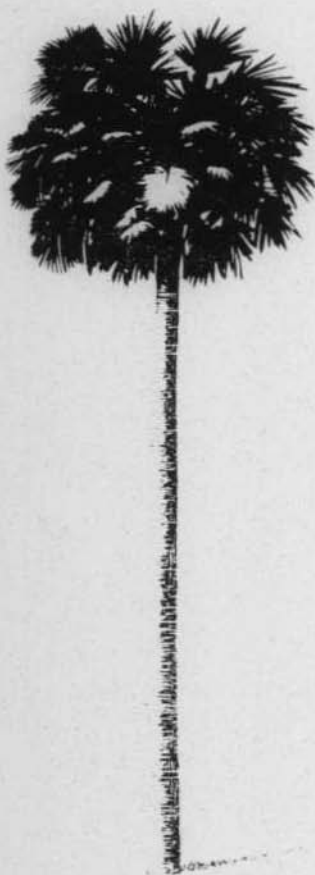
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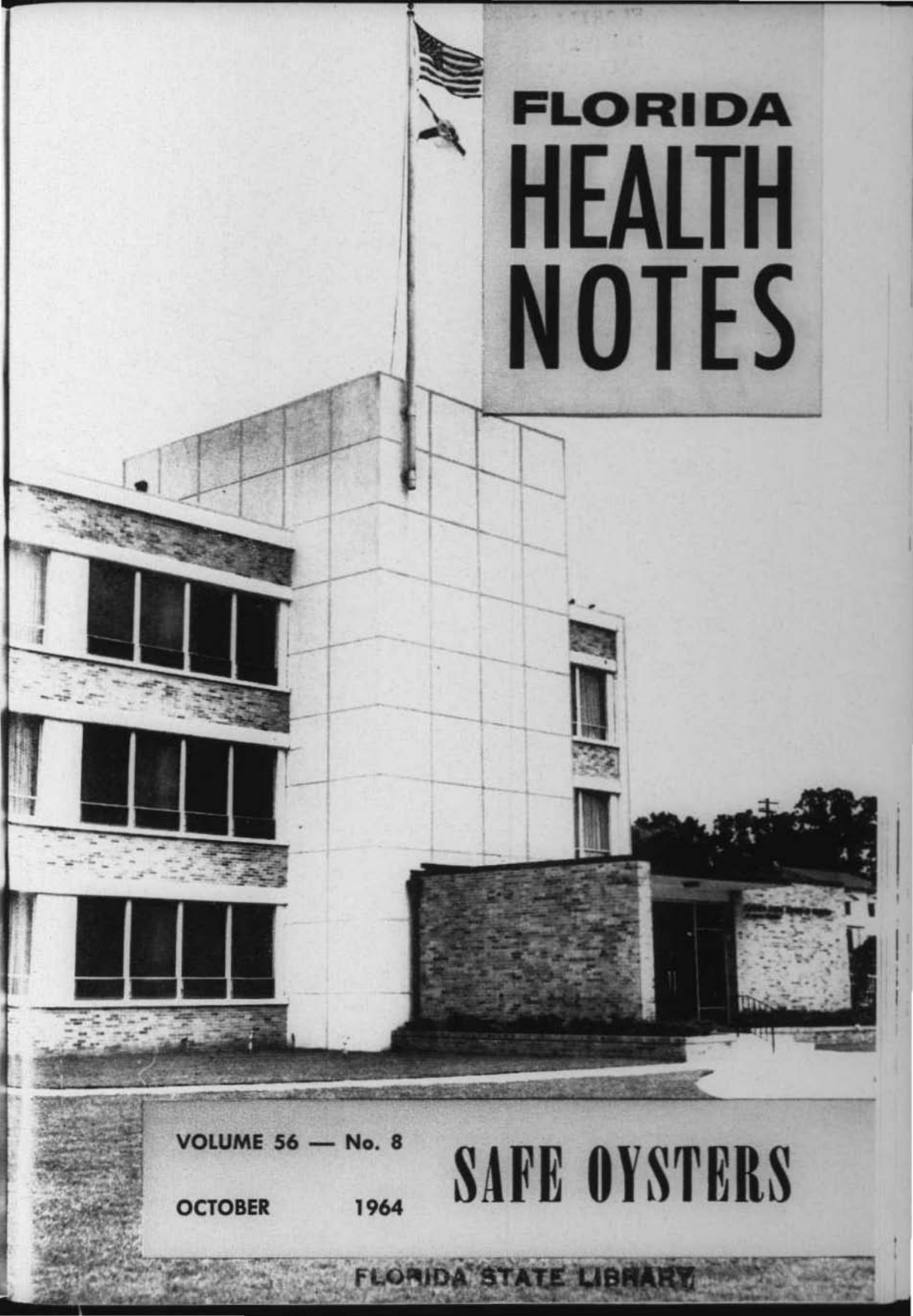


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# FLORIDA HEALTH NOTES

VOLUME 56 — No. 8

OCTOBER

1964

## SAFE OYSTERS

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The arrows indicate the widespread scope of Florida's oyster industry. These areas were approved after State Board of Health laboratories made quality analyses of water and oyster samples.

# Safe Oysters

**H**ow do you like oysters? Fried, stewed, broiled, roasted, deviled or raw on the half shell? Perhaps you don't like them at all but the Greeks considered them "food for the gods" and as appetizers many people think they are unequaled. Floridians prepare and enjoy them in many ways but oysters, which grow abundantly in Florida waters, are one variety of seafood that can present a health problem. Our business—the Florida State Board of Health and selected County Health Departments—is to make sure that this delicious food is always safe to eat and you can rest assured it is—as long as we are on the job.

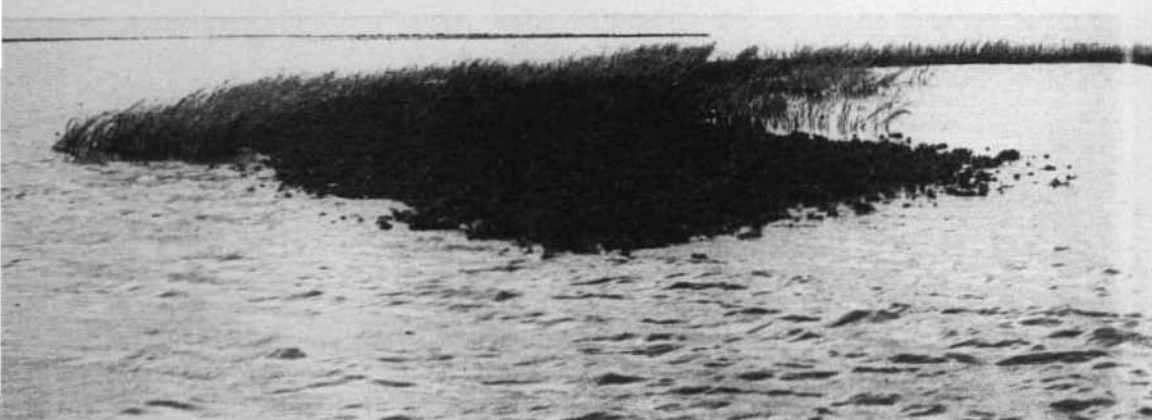
Oysters are one of the two types of seafood which are eaten raw (clams are the other) and supervision of the shellfish industry—from the growing beds to the retail store—is carried on by the County Health Departments and the State Board of Health, in co-operation with the State Department of Conservation.

The oyster is unique in that while it is growing it pumps water through itself. Any pollution in the water is absorbed by the oyster, making it dangerous for the consumer if he is so unwise as to eat "uncertified" oysters (more about this later). Communicable diseases, such as typhoid fever, cholera, gastroenteritis and infectious hepatitis, can be contracted through the eating of contaminated oysters. This is the reason the regulation of the industry is important to Floridians and the people of the United States. There have been no epidemics involving commercial oysters in recent years but each year there are isolated cases of people who become ill from eating oysters they gathered themselves from beaches bathed by polluted waters.

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## FLORIDA HEALTH NOTES

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There are many thousands of acres of "coon" oyster bars in Florida. Oysters grown here are usually not of marketable quality.

One of the most pressing dangers that threatens the oyster industry is that of industrial and domestic (water from homes) pollution. People and pollution go together and with the ever-expanding population and demand for waterfront property, the state and county governments must be constantly on the alert to keep the waters of Florida clean and safe.

This issue of **Health Notes** describes the shellfish sanitation program in Florida and illustrates the parts played by the County Health Departments and the State Board of Health in assuring you, the consumer of shellfish, that the product has been grown, harvested, packed and delivered in a safe, sanitary manner. We will discuss only the oyster part of the shellfish industry but the same problems and safety measures also apply to clams.

## Oyster-Growing Waters

The people of Florida enjoy living in a state almost entirely surrounded by water (8,426 miles of tidal shoreline) and they have access to some of the finest locations in the world for seafood harvesting. The total commercial catch of game and food fish in Florida is estimated at 200 million pounds, valued at more than \$39 million; and more than 75,000 persons depend upon the industry for their livelihood. The Atlantic Ocean and the Gulf of Mexico,



with literally hundreds of miles of bays, bayous and rivers, provide an extremely wide variety of seafood. The northwest coast of Florida along the Gulf of Mexico is an ideal place for growing oysters. Other areas, where fresh water rivers flow into the ocean or gulf and provide beds where oysters are grown for the nation's markets, are located in Nassau, Duval, St. Johns, Volusia, Brevard, Indian River, St. Lucie, Collier, Lee, Charlotte, Sarasota, Hillsborough, Pinellas, Citrus, Levy and Dixie Counties.

The commercial oyster (known as *Crassostrea virginica*) is found around the semi-enclosed bays and mouths of streams where fresh water and salt water mix in a tidal movement. The oyster does not thrive in very salty or fresh water but a certain amount of salinity is required for it to grow. Land drainage, bringing dissolved phosphates and nitrates, increases the growth of microscopic food plants, the oyster's food.

Oysters may grow anywhere from halfway between low and high tide marks to over 40 feet below low tide, wherever the bottom is not too muddy or too sandy. There are thousands of acres of "coon" oyster bars in Florida that are exposed at low tides to the summer sun, cold winter winds and fresh water for long periods. These oysters are of poor quality and are seldom harvested for the commercial market. "Coon" oysters were probably called by that name by someone who saw raccoons opening and eating them.

The broad expanses of Apalachicola Bay, in Franklin County on Florida's northwest coast, is one of the most productive areas

A sanitary engineer takes a water sample from Apalachicola Bay.





Small boats are used in oyster gathering because of the shallow water. Hinged rakes (tongs) are used to bring the oysters up from the bottom. Oysters are placed in specially constructed bins in the oyster shucking house until the shuckers can open them.



in the state and other flat tidal basins, such as Indian River, make good oyster-growing grounds.

## **The Oyster's Double Life**

The harvesting of oysters begins in September and lasts until May. When the water temperature rises to about 70 degrees Fahrenheit, the spawning begins. The female oyster discharges millions of eggs into the water. The male releases the sperm and a chance union between the egg and sperm produces the new oyster. The oyster begins life as a small worm. It swims and feeds for several days and begins to grow. When it starts to form a shell it sinks to the bottom and attaches itself to a solid object. The sinking to the bottom is called "spatfall" and the attaching itself to the object is termed a "set" or "strike."

### **Oyster Bootleggers**

In the early 30's, it was not unknown in northwest Florida for persons to "bootleg" oysters. Knowing that large and succulent oysters will develop at the mouth of a sewer outfall, unscrupulous persons would wait until late at night and then harvest these contaminated oysters. The next day they would peddle them from door to door, and gullible housewives would buy them. There was no doubt that they were plump and juicy—and full of disease germs—as many a typhoid fever victim could testify. Today there is a better educated public who refuse to eat oysters which have not been certified, which they know will be the case if they are bought from a reputable grocer or seafood store.

Oystermen provide the solid object, called "cultch," to which the young oyster can attach itself. Old oyster shells are the most commonly used but the oyster is not particular what it embraces and may fasten itself to an old automobile tire, a piece of glass, tree branch, other oysters or even cardboard dipped in cement.

An oyster leads a double life. During the first spawning season, it may be a male and during the next season, a female. It alternates its sex each season.

Once an oyster starts to grow, it opens its shell and draws as much as 100 gallons of water a day through its gills. As the water passes through the gills, the microscopic plant life and small particles in the water are trapped and passed into the mouth of the oyster. Feeding takes place only when the temperature and saltiness of the water are in proper balance. During the winter months the oyster adds fat which makes it suitable for the market.



The oyster shell is frequently opened by hand (left) but one oyster shucking house in Florida has a machine to do the operation (right).

During the warm months, the oyster uses its energy in spawning and loses the fat accumulated during the winter.

It is during the feeding process that the oyster absorbs any bacteria that may be in the water. When eaten raw, the oyster passes this bacteria on to the consumer and if the bacteria is a disease-producing one, the person may become ill. When the oyster is moved from polluted waters to clean waters, it will cleanse itself of the bacteria in a few days.

The oyster has a number of natural enemies besides man-produced pollution which will kill it. The conch snail can chip away at the bill of the shell and destroy the oyster inside; the starfish pries the shell open and devours the meat; drumfish can crush the oyster with the hard grinders in its mouth; mussels can starve out the oyster by crowding the beds and interfering with its feeding; and boring clams, sponges and leeches drill holes through the shell and weaken it.

Too much fresh water, exposure to cold weather or heat between tides or sudden changes in saltiness may injure or kill the oyster. Sedimentation caused by storms, diversion of channels by dredging operations or shifting of sands on the bottom may bury and kill the oyster.

## Harvesting and Processing

During the 1962-63 oyster season, approximately 118 shucking-packing plants were certified by the State Board of Health. Of this total about 80 per cent were located in northwest Florida.

Oysters produced in Florida are either tonged from the bottom or picked by hand from public reefs. Dredges, which can quickly devastate natural oyster bars, are not permitted on public reefs but are recommended by the State Department of Conservation for use on leased cultivated beds because it greatly reduces the cost of harvesting. The oysterman goes out in his small boat to "tong" the oysters from the bottom with two-hinged rakes. Because the commercial oyster beds are in shallow water, small boats are necessary. The oysters are found in small clumps and when the "har-

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After a shucker has accumulated a gallon of oysters, she takes it to the skimmer room where it is washed (left) and placed in gallon cans (right).







The biologist in the Marine Laboratory, in making quality analyses of samples, (1) mixes oysters with sterile water to begin bacteriological tests; (2) pipettes water samples from oyster producing areas into tubes



of sterile lactose broth; (3) counts the colonies of bacteria grown in nutrient agar; and (4) removes tubes of sterilized lactose broth from the autoclave.

### What Is the Oyster Industry Worth?

Of all marine products produced in the United States, oysters rank 56th in volume produced but fourth in value. Acre for acre, oysters are one of the most valuable crops that can be cultivated. Today, about 2500 of the 75,000 persons involved in harvesting seafoods work in Florida's oyster industry. This industry is worth about \$3 million annually. The State Department of Conservation says there is a great decline in yield from the early years of the century, partly because of changes in water flow due to dredged channels, industrial pollution and faulty conservation. One major factor is the loss of potential workers to more lucrative employment.

vester" gets the oysters into the boat, he separates or culls the large oysters from the cultch and small oysters, returning the latter to the bottom for further growth.

After the oysterman has loaded his boat, he takes the oysters to the shucking house. They are placed in a special concrete bin where they wait to be opened, usually the following day, depending upon weather and temperature. Sometimes oysters in the shell are bagged or placed in barrels for shipment to restaurants where they are served as oysters on the half shell. If the oysters are kept cool they will live in their shells for several days and may be shipped many miles to their destination.

The oysters to be shucked are shoveled onto benches where men or women break the bill of the oyster and remove the meat. Frequently the whole operation, tonging and shucking, is a family affair with the men going out to tong for oysters and the women of the family doing the shucking.

After the shucker has accumulated about a gallon of shucked oyster meat, it is taken to the skimmer room where the meat is washed, measured and placed in packages to be sold or repacked by larger processors of fresh or frozen oysters. Florida shellfish is shipped to all parts of the country and is available to the housewife in packages ranging from one-half pints to gallon cans.

Under proper refrigeration, these canned oysters may also be shipped hundreds of miles. Each container is required by Florida law and the U. S. Public Health Service to have a code number plainly stamped or embossed on it to indicate the plant in which the oysters were packed. This is to certify that the oysters in the

can were gathered and processed under sanitary conditions and may be sold in the state or shipped to other parts of the country. The State Board of Health has the responsibility to inspect all parts of the industry and issue permits to those persons or firms operating plants which meet the standards of Florida's Sanitary Code.

## **Water Pollution**

One of the greatest dangers confronting the oyster industry is that of pollution, both domestic and industrial. Because domestic pollution can cause epidemics, oysters have a special public health significance. The tremendous increase in industry and population along the coastal areas (with resultant possible pollution) has caused public health authorities much concern. Both types of pollution must be considered and the State Board of Health has the responsibility to approve or disapprove areas from which oysters are taken for human consumption.

If there is a city located on the banks of a stream or tidal estuary, possibly harmful bacteria may be discharged into the

### **Unapproved Oyster Samples**

If the State Board of Health laboratory finds a high bacteria count in routine sampling from a shucking house, the County Health Department sanitarians investigate the operations of the house and require a general cleanup. Further tests are made and if they show a high bacteria count in the oysters, the plant may be closed down until the operations can be reviewed. If the oysters in a house are suspected of being contaminated, they may be condemned and destroyed.

stream from a sewer outlet, sewage treatment plant, a ship docked in a harbor or sewage from a recreational area. An industrial plant may allow oil, waste products or even radioactive material to flow into the waters and contaminate oyster beds downstream, making them unfit to eat.

Before oysters may be taken from any area, sanitary engineers or sanitarians from the County Health Department make periodical surveys of the waters. They check the effectiveness and reliability of sewage treatment plants in discharging "clean" effluent into nearby streams. They investigate waste discharge from all

Here oysters are re-washed in the repacking plant.



types of industrial plants. The effect of winds, tidal currents, stream flow, temperature and rainfall on the pollution of the oyster beds are noted and even the sewage discharge from pleasure boats using the waters is considered.

The laboratories of the State Board of Health make quality analyses of water and oyster samples. The oyster industry is considered so important in northwest Florida that a Marine Laboratory has been established in Apalachicola to keep check on the waters and test shellfish samples from the many shucking plants and packing houses located in the area to make sure the oysters meet the requirements of the state and the U. S. Public Health Service.

Only shellfish taken from approved or "open waters" and processed in a certified shucking plant can be sold in the state or shipped to other states. Any non-approved or non-identified oysters processed and offered for sale are considered unfit for human consumption. All growing areas in Florida are considered "closed" unless they have been surveyed and bacteriological examinations made to determine their purity.

## Sanitation Program

There have been sporadic outbreaks of typhoid fever during the past which were blamed on contaminated oysters. The inception of the shellfish sanitation program was brought on by a series of outbreaks of typhoid in several large cities in the northeastern and middle western sections of the country during 1924-25. These

outbreaks were attributed to sewage-contaminated oysters and when the epidemics were given widespread publicity, the oyster industry all over the United States suffered.

To reestablish the public's confidence in raw, fresh shellfish, the industry, public health authorities and representatives of the government agencies, such as the U. S. Department of Conservation, set up a system of shellfish sanitation control. The primary responsibility for maintaining sanitary control was placed upon the state agencies and in Florida this responsibility was given to the State Board of Health.

The U. S. Public Health Service has developed a uniform code of standards and each year reviews the sanitation programs of the oyster-producing states. It distributes periodically lists of names of all shellfish dealers—shuckers, packers, repackers and shippers—who are certified by those states whose control programs have been endorsed by the U. S. Public Health Service.

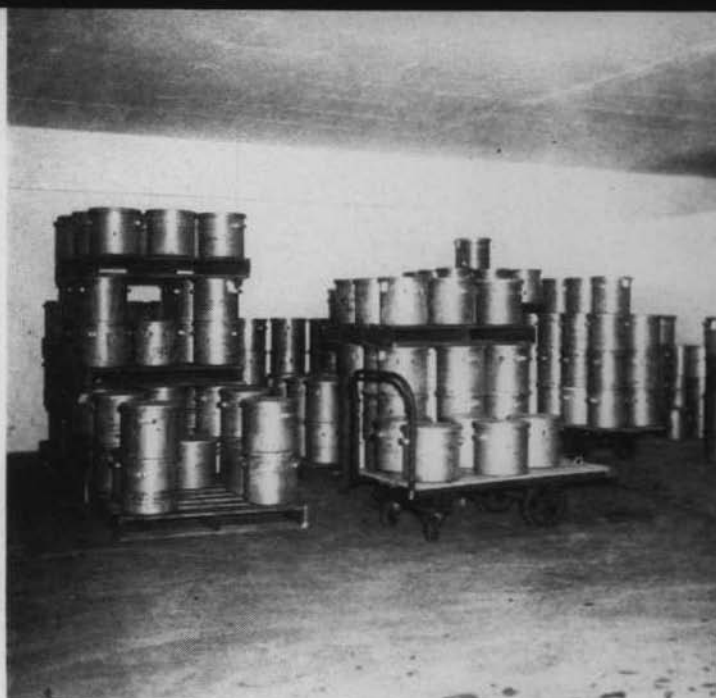
In 1937, the first steps in Florida's shellfish sanitation program were taken and since then the work has been administered by the County Health Departments, as well as personnel from the State Board of Health. When the oysters are taken from the sea bottom and placed in the oysterman's boat, they are being placed in a boat which has either a false bottom or a platform to keep the oysters from the bilge water or other contamination. When the oysters are taken into the shucking house, they are placed in bins which slope so that they do not lie in pooled water. They are



Women workers are shown filling half-pint cans.



Gallons of oysters are refrigerated in this repacking plant waiting shipment to northern markets.



shucked into pails that are easy to clean and the knives are constructed for thorough cleaning. Everything in the shucking house is designed to protect the oyster from contamination. Shuckers may not eat, drink or smoke while working.

Refrigerators, which are important in keeping the shucked oysters from spoiling, are checked frequently; water supplies are tested regularly to make sure all water is safe for drinking and to use on oysters; toilet facilities for employees are constructed to safely dispose of human waste; and all utensils and equipment used in oyster processing are thoroughly cleaned and immersed in a chemical solution to kill any bacteria. Any person involved in the handling of shellfish must have a health card issued after proper tests to insure that this person is free of certain communicable diseases transmissible through food; this includes a stool specimen test.

There are no state barriers to prevent the interstate shipping of certified oysters and each state certifies oyster houses, as in Florida, so that only oysters of good quality are sold on the market. Because Canada and Japan sell oysters in the United States, they also participate in the shellfish sanitation control program.

## State Department of Conservation

While the State Board of Health has the responsibility of approving oyster-growing waters, inspecting and controlling the

operation of shell stock shippers, shucker-packers, repackers, re-shippers and persons handling shellfish, the State Department of Conservation patrols oyster-growing areas to prevent the harvesting of shellfish from unapproved waters, prosecutes violators and enforces the closed oyster-harvesting season between May and September.

The State Board of Health and the State Department of Conservation also cooperate on the replanting or relaying of shellfish from one area to another. Frequently, this is because the water where the oysters are growing is polluted and the replanting operation will result in marketable shellfish.

The permits for the relaying of oysters are issued only to persons of reputable character and they are held responsible for the operation. The Department of Conservation approves the proposed relaying plan and provides safeguards so that the oysters intended for relaying are not harvested for direct marketing. The oysters are relayed only to areas or waters which have been approved by the State Board of Health and harvested only after the oysters have had time to cleanse themselves (usually three to four weeks) and this cleansing has been verified by bacteriological analyses made by the State Board of Health laboratories.

The part the State Department of Conservation plays in the oyster industry is important because the agency enforces laws which protect the future of oyster growing in Florida. Oysters must be at least two and a half inches long at the time of harvesting. This is to protect the young oysters so that in succeeding years there will be good crops of oysters.

The Department also leases to reputable individuals state-

### **Other Crustaceous Seafoods**

There are other seafoods which are as palatable as oysters but which do not come under the shellfish sanitation program. Some crustaceous marine animals found in abundance in Florida waters are Bay scallops, lobster, shrimp and crabs. Many crabs are caught in Florida and they have a particular sanitation problem. After the crabs are cooked, the meat is extracted by hand. After picking out three to five pounds of meat, the workers are required to wash their hands, clean their utensils and sterilize all cans before beginning another cycle of the operation.



After the oyster meat is taken out, the shells are dropped through shucking houses' chutes to the ground. The state can reclaim the empty shells.

owned oysters beds where oysters are not at present being produced commercially. "Coon" reefs, where oysters grow that are not of a quality or size to be sold on the market, can be made to produce good oysters by cultivation. In order to grow better oysters in Florida, the State Department of Conservation promotes the planting of shell and seed and other cultivation methods in scientifically-controlled programs.

### **Oysters Are Good to Eat**

When a housewife selects a can of oysters for her family she is taking home a food that is easily digested and one that compares favorably with other items in one of the groups of foods—meat and meat alternates—which we need every day. Oysters are rich in protein, one of the food elements essential for "body building"; in iron and copper, necessary in building hemoglobin; and in B complex vitamins which aid digestion and lead to stability of the nervous system.

The housewife knows when she buys oysters at a Florida market that they are pure and free of contamination because the County Health Department, the State Board of Health and the

State Department of Conservation have worked together in protecting her health and that of her family. Since shellfish are extremely perishable, the County Health Departments have the responsibility to check the retail stores to make sure they are selling only certified oysters to the housewife. The State Board of Health furnishes information and consultative services to the local health units concerning laws and rules and regulations on shellfish sanitation.

The housewife should demand that all packages of oysters, or any other kind of shellfish, be in properly identified containers, be stored in adequately refrigerated compartments and be fresh and palatable.



A barge loaded with empty shells is towed out into Apalachicola Bay where the shells will be returned to oyster beds as cultch.

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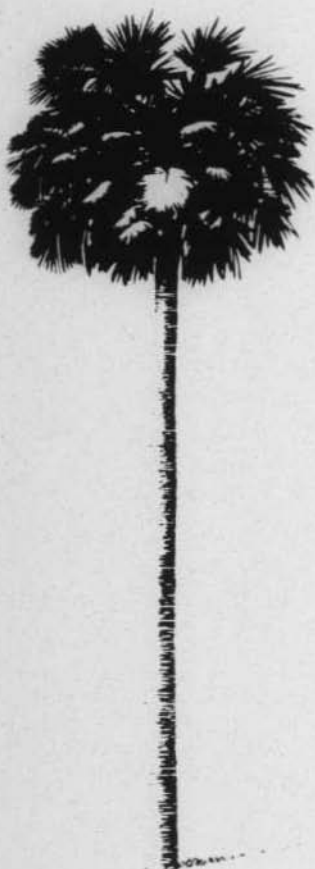
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# FLORIDA HEALTH NOTES

VOLUME 56 — No. 9

NOVEMBER

1964

Diseases - Animals - Man

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# DISEASES - ANIMALS - MAN

**M**an's association with animals over the centuries has frequently brought him much pleasure and profit. Unfortunately, on occasion, this contact has also brought disease to man. To tell you how to protect yourself, about the professional people that are concerned, and how the State Board of Health and the 67 County Health Departments attempt to help control these diseases of animals that can be transmitted to man, is the subject of this month's issue of **Florida Health Notes**.

What diseases are we talking about? First in importance is rabies. Others are tuberculosis, salmonellosis, anthrax, brucellosis, leptospirosis, trichinosis, tularemia, psittacosis, creeping eruption — to name only the major ones. One other disease which might have been included but was not because it had been

discussed in a recent issue of **Health Notes** was encephalitis (October 1962). We will discuss also milk production and meat inspection and the part they can play in the transmission of some of these diseases.

But most of all, we want to talk about what you, as a Florida citizen, can do to help control these diseases. Before we go any further, please check the following list of suggestions of things you, your family and friends can do to protect yourselves from diseases that might be contracted from animals.

- \*\*Have your pets and livestock immunized against these diseases for which such protection is available.
- \*\*Keep pets clean, keep them at home, and provide adequate space for them. Have them wormed, if infested.
- \*\*Wash your hands after contacting animals.

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## FLORIDA HEALTH NOTES

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Both domestic and wild animals may have rabies. Bats and raccoons are high on the list of wild animals which may be infected. Dogs and cats can be protected against the disease by inoculation.



**\*\*Don't let children play with strays.**

**\*\*Buy only inspected meats, pasteurized milk and approved oysters. Look for the mark of approval.**

**\*\*As a citizen and voter, support community efforts to pass and improve laws concerning pet management and food marketing.**

**\*\*If you suspect that your pet is ill, consult your veterinarian. If you have a neighborhood problem, talk to the director of your County Health Department or one of the sanitarians on his staff.**

## **The Specialists**

Where do we get much of our information about these diseases of animals — how to treat them, how to protect other animals—and man? A great deal of it comes from research done

by veterinarians in collaboration with other medical specialists. This type of cooperation is coming more and more to the fore because the veterinarian has much to contribute to the attack on diseases in man—if only from his knowledge about how these diseases affect animals. His observations, research and treatments have sometimes been applied in bettering man's health—in the fields of surgery, internal medicine, cancer, tuberculosis and chronic diseases.

Today, there are about 19,000 veterinarians in the United States and only 239 in private practice in Florida. These men are professionals in every sense of the word and cooperate with the State Board of Health's Division of Veterinary Public Health. They are the ones who often apprise the division of a suspected epizootic (epidemic) in animals which they may have recently seen. These veterinar-

Florida still has no poultry inspection law. This means that poultry processed within the state for sale within the state has undergone no official inspection except in a small number of federally inspected plants. Poultry produced in Florida or elsewhere for sale across state lines is subject to federal inspection.



**A** veterinarian's services are in greater demand today than ever before. He can enter one of several types of private practice or undertake research, or go into local, state or federal service or go into teaching. Looking after the health of farm animals and pets is an occupation almost as old as civilization itself. The veterinarian's work usually falls into three main categories: He tries to keep animals free from diseases by vaccinating them and teaching their owners how to feed and care for them properly. He gives medical and surgical care to sick or injured animals. And finally, he works to protect and promote human health. A veterinarian's work is important to farmers, pet owners, zoos, circuses, riding stables and several important industries.

To be successful in his chosen career, the prospective veterinarian must be fond of animals, steady and calm, a good student, interested in scientific studies and have the physical stamina to answer emergency calls! He will have to figure on a minimum of six years of schooling after graduating from high school. When he graduates successfully from an approved college of veterinary medicine, he will have the degree of Doctor of Veterinary Medicine (D.V.M.).

There are approximately 18 approved veterinary schools in the United States. Since Florida does not have such a school, persons who are qualified may apply to enter Auburn University in Alabama under a regional program. Naturally, they may also apply to enter other veterinary schools. For further information, write to American Veterinary Medical Association, 600 South Michigan Avenue, Chicago 5, Illinois. In Florida, write to the Executive Secretary, Florida Veterinary Medical Association, P. O. Box 340, Gainesville.

ians also work closely with the directors of Florida's 67 County Health Departments. The State Board of Health's epidemiologist ("disease detective") may also consult them if certain diseases known to originate in animals (or which can be transmitted by them to man) make their appearance in their community.

Veterinarians also cooperate by reporting monthly to the division on a long list of animal diseases that they may have seen during the previous month (See Animal Disease Report Card on page 187). A glance by the division's director at the compilation of these figures will quickly give some clues as to whether or not there are any

unusual numbers of any diseases which might pose a threat to man. This type of activity emphasizes one of the State Board of Health's major functions which is to **prevent** disease whenever possible.

## History

Only within the present century has the backyard barn of city dwellers all but disappeared, with its horses, cows and chickens. It was known long ago that certain diseases could infect both man and animals but this was accepted as a matter of fact and little thought was given to it. But in the 19th century scientists began to try to find ways of dealing with the problem. Louis Pasteur became the center of a raging controversy when he claimed—and proved—that rabies was caused by a microorganism passed from animals to humans.

For thousands of years men suspected an association between rats and the "Black Death" (bubonic plague) which is referred to in the Old Testament (I Samuel 5-6) and which killed about one quarter of the world's people during the Middle Ages. It is spread by fleas from

infected rats. Death was decreed in Italy in the 16th century for anyone who would bring any "person, animal, merchandise, or anything whatever"—including himself—from an infected area. Italians died by the hundreds of thousands in spite of this edict for nobody was bringing in the rats—they were already there.

Anthrax, one of the first diseases to be controlled through inoculation (Pasteur, 1880) was one of the plagues visited upon Egypt to persuade Pharaoh to liberate the Israelites. Rabies is mentioned in the old tales of mythology, and less than two hundred years ago it was common practice to murder a human rabies victim to "end his misery," so horrible is the manner of death from this disease. Germany passed a law in 1810 forbidding mercy killings for rabies victims. It was not until 1885 that Pasteur dared to try his rabies vaccine on human beings who had been bitten by rabid dogs.

But scientific research and observation were fast replacing the old myths and new and better laboratory tests all over the

# ANIMAL DISEASE REPORT

for the period ending

Please sign  
and return  
even though you have no disease to report

D. V. M.

CLINICAL DISEASE AND ANIMAL	CASES	HERDS	COUNTY
350 Anaplasmosis.....			
140 Anthrax.....			
142 Blackleg.....			
120 Brucellosis..... Swine			
004 Encephalomyelitis..... Equine			
155 Erysipelas..... Swine			
021 Hog cholera.....			
061 Infectious anemia..... Equine			
163 Johne's disease.....			
181 Leptospirosis.....			
143 Malignant edema.....			
023 Newcastle disease.....			
082 Psittacosis.....			
001 Rabies.....			
053 Vesicular exanthema.....			
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Florida State Board of Health  
ANIMAL DISEASE REPORT

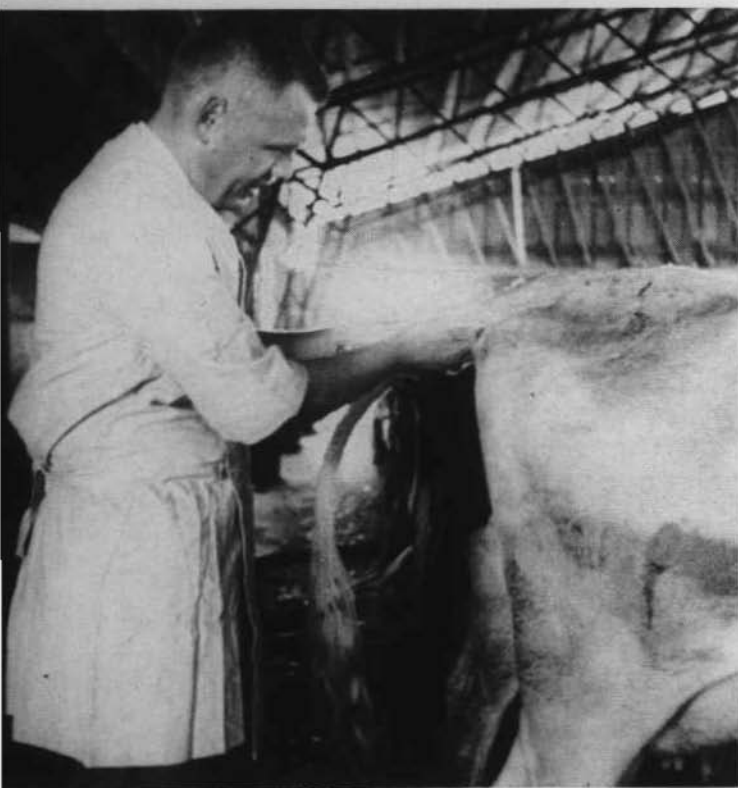
PD 130  
Rev. 4-58

(The figures in front of the names of the diseases are for coding purposes.)

world were showing identical disease-causing organisms in the tissues and blood in stricken animals and man. Laws requiring pasteurization of milk, forbidding the feeding of raw garbage to hogs, inspection of meat and the inoculation of dogs against rabies were passed. But these were and are usually local ordinances and in many areas in Florida, notably rural sections, such regulations with the exception of feeding garbage to hogs, are not in effect even today.

## Rabies

Florida has not had a case of human rabies since 1948, due directly to the state's excellent rabies control programs. Yet each year several hundred persons are forced to take the expensive and painful anti-rabies treatments after being bitten by a suspected animal. (Note that we did not say "dog" since cats, bats, foxes, raccoons and all warm-blooded animals may contract and transmit the disease to other animals and hu-



Veterinarians annually test hundreds of thousands of cows in Florida for tuberculosis.

mans.) Doctors dare not take a chance. They will generally recommend the anti-rabies treatment unless the biting animal can be found, confined and watched. In some instances, depending on where a person is bitten (neck, head, hands) the doctor may not dare to wait and will go ahead and give the shots. However, if the animal does not prove to be rabid, the bitten person usually will not need to take the treatment. If the animal (except a bat) is rabid, he will die before the end of 10 days while there is still time to give the treatment and save the bitten person's life. This is why you hear and see so often the warning: "Do not kill an animal which has bitten a person. Have it caught and confined for observation." If the animal is killed and disposed of without proper laboratory examination, so that one never knows if he did or did not have rabies, the physician will most likely recommend that the bitten person take the treatment.

Some areas of the state have no law requiring the inoculation of dogs and cats against rabies. This means that they can legally run free, perhaps contract rabies from a wild animal, and

then return to their home territory where they can spread rabies to other animals, and possibly man. This can—and has—happened in Florida.

Rabies is by far the most disturbing of all animal diseases transmissible to man. Yet, as we said above, it can be prevented in animals by inoculation. After exposure man can be saved by the extensive series of inoculations discussed earlier. But the disease, once it develops, cannot be cured in man or animal; it brings certain death. In spite of this fact, there is no statewide law requiring inoculation of dogs and cats. Many cities and towns and a number of counties do have such laws—which should be a requirement in all communities. They have tied in inoculation with the licensing of animals and the requirements, if any, of leashes and fences. (See model ordinance in the back of this issue.)

These laws are among the main objectives of the County Health Departments' rabies control program. They have been promoted by newspaper, radio and television; by civic clubs and by the general public who in some areas are alert to report stray animals. If you are interested in such a campaign





In large dairies' milking parlors, the milk goes by pipes directly from the cows to temperature - controlled tanks.

in your community, contact the director of your County Health Department who can tell you how you and your neighbors can protect your own health especially as it relates to stray animals which might be carriers of diseases.

### **Problems in Wildlife**

Man has known about rabies for more than 20 centuries—but from every present indication, this disease will stay with us for the foreseeable future. But the biggest problem that today confronts Florida — and

some other states — is the problem of wildlife rabies.

Although we have a pretty good idea of how to control "domestic" rabies (we do not always take this good advice: inoculation of pets, control of stray animals, etc.) our wildlife population presents another picture. During the past 10 years rabies has been reported (in descending order of incidence) in the raccoon, fox, bat, skunk, bobcat and flying squirrel. The number which have been reported ranged from 89 down to 27 in any one year. But we

know that only a fraction of cases are reported because probably many animals die in the deep woods and other out-of-the-way places not seen by anyone.

Rabies in wild animals is of concern to Florida's livestock industry because some rabid wild animals, notably foxes, will readily attack farm animals. Rabid skunks have been reported as attacking swine. Rabid raccoons are apt to fight with the family dog when they lose their fear of natural enemies and wander into inhabited areas.

Little is known about how any single species spreads the disease among its members and practically no information is available on how rabies is spread between different species of wild animals. An exception is the fox which will attack all species, including its own.

Authorities have often suggested that one way to control wildlife rabies would be to reduce their number in some manner but it is an expensive method and often unsuccessful except in foxes—and with them it is sometimes effective at the peak of an epizootic.

One interesting theory was advanced by a veterinarian who asked if the author had noted

the increased number of dead wild animals on the state's highways early in the mornings. His belief was that these animals, if examined, would prove to be rabid in many instances. Having lost their fear of man and emerging unafraid onto the highways (particularly at night when attracted by bright headlights), they were promptly killed by passing cars. This should emphasize the warning: Teach your child that there is rarely such a thing as a "tame" wild animal. The coon, the fox, the skunk that approaches a human being almost always has rabies. The first case of a bat diagnosed as having rabies in the United States occurred near Tampa, Florida, in 1953 when a bat flew out of a tree during daylight hours and fastened his teeth in a child's arm. A passerby killed it, and took it to the Regional State Board of Health Laboratory for examination. He had once lived in Mexico and knew the problem of rabies in vampire bats in that country.

## **Tuberculosis**

Tuberculosis is most familiar to us in its human form. But bovine (from cattle) tuberculosis is a constant threat to humans, though its occurrence is now rare. This is due to govern-

ment eradication programs in livestock administered by the U. S. and Florida Departments of Agriculture's veterinarians with state and local health departments aiding whenever possible. In former years this type of tuberculosis often affected the bones of human victims, causing such deformities as hunchbacks. It is now kept under control by constant surveillance of dairy herds. Some 200 thousand tests were administered to Florida cattle in 1963 and 292 positive "reactors" were disposed of. This was a slight increase over 1962. The Division of Veterinary Public Health of the State Board of Health and

County Health Department personnel will continue their efforts to keep this disease under control by making sure that regular testing programs of dairy herds are being carried out—and discouraging the use of raw milk. Pasteurized milk is always recommended.

Some food faddists may try to mislead you and tell you that pasteurized milk is "dead", that it has had the "life boiled out of it." It has not been boiled at all but it is heated to at least 145 degrees Fahrenheit for 30 minutes or the equivalent of this temperature to destroy disease-producing bacteria. In addition,

If you are interested in tables of organizations, here is one to consider:

## **FLORIDA STATE BOARD OF HEALTH**

**Bureau of Preventable Diseases**

*Division of Veterinary Public Health*

**Veterinarian - director**

Sanitarians - specially trained

**Florida's 67 County Health Departments**

**(in particular, their directors and sanitation staffs)**

pasteurization renders the milk capable of remaining fresh for several days under refrigeration.

## Salmonellosis

This is an important, though rarely fatal disease. It is most often thought of as food poisoning, but its cause is the microbe, *salmonella*, which is frequently found in the intestines of animals. It can reach us in meat, eggs or prepared products made from either of these sources, or it may lurk for months in the building, machinery or utensils of food processing plants, restaurants and homes. Rats and mice can carry it into our homes or into stores and food warehouses. General cleanliness and thorough cooking are its destroyers. The disease it produces in man is a general disruption of the alimentary tract; vomiting, nausea, diarrhea, which can be mild or quite severe. If the organism passes into the human bloodstream it can establish itself in vital organs and cause serious complications. There were 68 cases reported last year, and probably hundreds more of milder attacks which did not reach the attention of physicians.

*Salmonella* is one of the most common causes of food poison-

ing. It can be counteracted by cleanliness, thorough cooking and proper refrigeration of cooked and uncooked foods. There were 947 isolations of *salmonella* made from specimens submitted to the Florida State Board of Health laboratories in 1963. Many of these were from stool specimens which gives some indication of the amount of human infections.

## Brucellosis

This disease is commonly known as Bang's disease in cattle and as undulant fever in man. Four human cases were reported in Florida last year. In cattle it is highly contagious, spreading through a herd. It causes abortion among cows. It appears often in swine. Undulant fever is a serious illness to man, and can remain with a victim for years. It is characterized by aches and pains, chills and fever, alternating with periods of relative normalcy. Victims of the disease are dairy workers, others who work in slaughterhouses and those who drink raw milk. The Division of Veterinary Public Health cooperates with the Florida and U. S. Departments of Agriculture in their programs which have greatly reduced the occurrence of brucellosis in recent years.

## **Leptospirosis**

There were three cases of this disease in man, and over 300 in dogs reported last year in Florida. Leptospirosis is also found in rats, cattle and wild animals. Like most other "fever" diseases, this one produces aches and pains, chills and fever, and general illness in man. Germs are passed from animals in urine, and thus can be contracted by swimming in a stream which flows through a cattle pasture, or by other contacts with this animal waste, such as puddles, stable floors, food contaminated by rats and so on. Immunization of pets and cattle, personal cleanliness and avoidance of contact with animal wastes can aid greatly in prevention of the disease.

## **Trichinosis**

This is an important disease, though fortunately now rare in man in this state. It is caused by eating undercooked pork, particularly from hogs fed on uncooked garbage. The disease can produce weeks of agonizing muscular aches and pains. The tiny parasites called *trichinae* develop

in hogs, and go undetected through the slaughtering processes. They are harmless to humans—if the meat is thoroughly cooked. It is unlawful to feed commercially collected uncooked garbage to hogs in Florida.

## **Tularemia**

This is the fever disease which hunters sometimes contract when skinning a rabbit, and is also caused by the bites of such "vectors" (transmitters) as deer flies, stable flies, fleas and ticks. It is a serious disease often attended by complications, but is quite rare in Florida in humans. The vector transmissions are very rare, but authorities do recommend that care be taken in handling rabbits. The wearing of rubber gloves is a sensible precaution.

## **Psittacosis**

This dangerous disease is called "parrot fever" when caught from a parrot or parakeet and "ornithosis" when transmitted by other birds such as pigeons, ducks and turkeys. Man can contract the disease



from a pet parrot, parakeet or love bird, or occasionally from his work with turkeys or ducks in the poultry industry. Pigeon fanciers have been known to be affected, as have laboratory workers. Psittacosis can be avoided by observing common hygienic practices in managing a pet bird, avoiding close contact with the bird and taking your sick bird to a veterinarian for prompt diagnosis and treatment.

### **Creeping Eruption**

This is an annoying skin condition contracted by man when he comes in contact with the larvae of the hookworm which develops in the body wastes of infected dogs and cats. Children playing around the yard and adults, such as plumbers and pest control operators whose work takes them under houses, are the most frequent victims. The larvae, which are very small, burrow into the skin and travel along beneath the surface, causing intense itching. The itching is bad enough, but the resultant scratching may cause infection. About the only way to avoid the condition is to make sure all dogs and cats in the neighborhood are properly wormed and keep the premises swept clean of droppings.

Beaches, too, should be forbidden to dogs and cats and special attention should be paid to keeping them free of strays. When one considers the scantiness of modern day bathing attire, it can be seen that there is a lot of bare skin that might be exposed to the larvae of these dog and cat hookworms!

### **Anthrax**

Anthrax is one of the more dreaded of the infectious animal diseases. Cattle, sheep, goats, horses, mules and wild grass-eating animals are very susceptible. The disease once occurred throughout the world but the incidence is low in countries where restrictive and preventive measures are used. It is still widespread in Asia and Africa.

In the spore stage, which it forms when exposed to conditions unfavorable for its growth, the bacteria may live for many years, still capable of spreading disease. The most important agriculture source is the soil, which once contaminated, can harbor spores for years. If anthrax is brought to the surface by cultivation or burrowing animals, any susceptible animal or man may become infected. Most human in-



Meat packers employ many persons and contribute to the state's economy.

fections, however, come from contact with products of diseased animals, such as hair, wool or hides.

Human anthrax usually takes the form of a carbuncle (in the external form) and if untreated, the bacteria may spread into the bloodstream.

A vaccine was made by Pasteur in 1881 but today antibiotics have generally replaced

early antianthrax serums. A human case of anthrax has not been reported in Florida since 1953. The last case in animals was in 1954.

## Meat

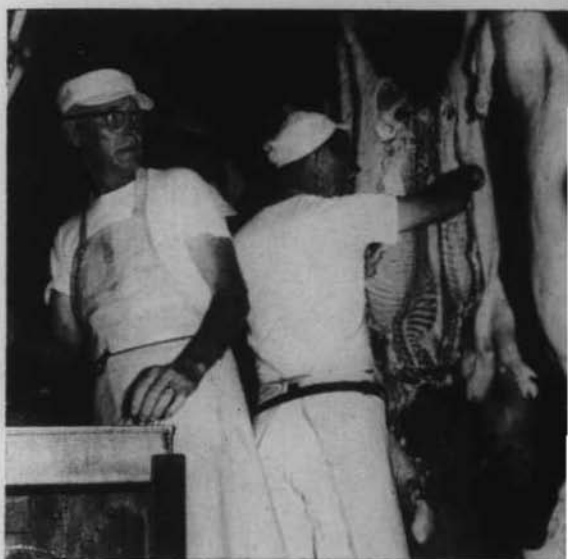
Since, as you have read, meat can transmit certain diseases, the inspection of this valuable foodstuff is important to all of us. Some hale and hearty "old

timers" have a tendency to pooh-poo meat inspection and milk pasteurization. They were raised on farms and their parents could maintain surveillance over these products. They and their neighbors raised their own disease-free animals and produced their own clean milk — so they say. If that's the way you live—fine. But the person who must depend on strangers for meat and milk should certainly take advantage of the protections his tax dollars provide. Uninspected meat may be the flesh of animals the producer knows could not pass inspection at the regular slaughterhouse.

Most of the meat we buy is inspected. But the federal law requires protection only where meat crosses state lines. The state law applies only to operators killing more than 35 hogs or 20 head of cattle a week. Those who slaughter or process less than that amount of meat may come under inspection if they wish. This means that there is no official protection for the customer who buys direct from the farmer or from the "small operator" who has no inspection and who buys and kills a few meat animals at a time. Stories

have been told of instances in which sick animals have died and been butchered and offered for sale. This need not bother you if you buy inspected meats from reputable stores. Look for the inspection legend on the label or ask your butcher. County Health Department sanitarians alone made some 40,000 visits to markets and abattoirs during 1963.

The large meat packers—the companies whose brand names you know so well—employ their own quality control men, veterinarians and others whose responsibility it is to see that the livestock their companies pur-



Meat inspectors check hogs going through assembly line processing of a large meat packing house.

chase is clean and free of disease.

Before going further, let's clarify the point about the "small operator." **Health Notes** does not mean to imply that individual farmers and butchers not covered by the inspection laws are to be criticized. Most of them are honest men of conscience and integrity, and their products may be clean and safe for food. But the fact that their products are not inspected under professional veterinary supervision in an abattoir, places the burden on you, the buyer, to make sure of the quality of the product before you buy.

## Milk

This universally popular food also is concerned in some health problems. Raw milk can be sold legally at retail in Florida but many cities and some counties have ordinances prohibiting it. The small operator cannot be legally forced to have his cows tested annually for tuberculosis or any other disease—if he milks five cows or less. But the state's reputable dairies vie with each other for the honor of the greatest compliance with the law which should result in healthy cows and pure milk. The County Health Departments, the State Department of Agriculture, and the State Board of Health all cooperate in inspecting and certifying the purity and quality of



Milk inspectors check a dairy's vast pasteurizing vats.

our commercial milk supply. Nearly 165,000 tests of dairy products were made in the State Board of Health laboratories in 1963. These were random surveillance tests (a container of milk picked at random from a supply in a truck or at a market), made in addition to the millions of quality control tests made by the dairy companies themselves. During the year, county and state sanitarians made over 18,000 visits to dairy farms and processing plants.

## All Together

If you think that we believe that only the State Board of Health and the County Health Departments do anything about diseases of animals that can be transmitted to man—perish the thought!



Many dairy companies maintain laboratories where milk is tested for purity and quality.

## Those Good (?) Old Days

Oldtimers tell us that Jacksonville had several combination slaughterhouses—butcher shops located out on wharves in the river. There was no refrigeration, and the operators would buy animals, butcher them and then ring large bells to tell the people there was meat for sale. It was then just a matter to buy it, take it home and cook it while it was fresh. These places did not operate on Sunday, so it was necessary to have clearance sales Saturday night. Then the bells would ring loud and long, and it was the custom to allow the “poor” to crowd in and get the bargains. They had just been paid, and they only ate meat on Sunday anyway. What was left was thrown into the river.



We have already mentioned veterinarians working in health departments, industry, institutions and private practice. The U. S. Department of Agriculture's Animal Disease Eradication Division employs in Florida 19 veterinarians and 24 livestock inspectors in all phases of the department's work with farmers and stock raisers. There are also 25 federal meat inspectors working in Florida.

The State Department of Agriculture has 24 veterinarians and 67 assistant inspectors in meat inspection alone, and 36 veterinarians and 145 assistants

engaged in other phases of animal health work.

Information concerning protection from animal diseases, particularly those that concern your pets, is available from private veterinarians. If you want to see stray dogs and cats controlled in your neighborhood—you can make it come to pass. If you believe that all pets should be inoculated and controlled in their wanderings—this, too, is up to you and your friends. The County Health Department will help but the initiative and the push to make it come true will have to come from you.



Milk, in plastic containers, reach the end of the processing line.

## A MODEL ORDINANCE FOR RABIES CONTROL IN PETS

An Act to protect the public health and safety by requiring the vaccination of dogs and cats against rabies; providing for the issuance of a certificate of vaccination and the wearing of a tag by all vaccinated dogs and cats; providing for the impounding of unvaccinated dogs and cats and their disposition; to provide for the confinement of animals which have bitten human beings and which have been exposed to rabid animals; providing for penalty for violation of the provisions of the law, and for other purposes, and providing for the enforcement of the Act.

Be it enacted by the City Commission of the City of \_\_\_\_\_, Florida.

**Terms Defined.** Whenever used, unless a contrary intention is clearly evident, the following terms shall be interpreted as herein defined: (a) the term "dog" shall mean and include all members of the canine family, three months or more of age and also pet foxes, wolves, etc.; (b) the term "cat" shall include all domestic felines more than four months of age; (c) the term "owner" shall mean and include any person having a right of property in the dog or cat, or who keeps or harbors a dog or cat, or who has it in care, or acts as its custodian or who permits a dog or cat to remain on or about any premises occupied or controlled by him; (d) the term "vaccination against rabies" shall mean the proper administration of an approved canine anti-rabies vaccine.

**Enforcement Provision.** It shall be the duty of sheriffs and their deputies, police officers and other law enforcement agencies to aid in the enforcement of the provisions of this Act.

**Vaccination of Dogs and Cats Required.** Prior to July first of each year, every owner of a dog or cat shall cause such animals to be vaccinated against rabies by a licensed veterinarian. Evidence of vaccination shall consist of a certificate signed by the veterinarian administering the vaccine and containing pertinent data for identification of the dog or cat. One copy of the certificate shall be given to the owner, one filed with the City Clerk and one retained by the veterinarian administering the vaccine.

**Wearing of Tags**—Coincident with the issuance of the certificate of inoculation as prescribed in the preceding section, the person administering the vaccine shall issue a metal serially numbered tag to be attached to the collar or harness of the animal and which must be worn at all times. The shape of this tag shall be changed each year.

**Penalties.** On and after July first of each year, the owner of any dog or cat found running at large and not wearing evidence of vaccination or for which no approved certificate of vaccination can be produced shall be subject to a penalty of not more than twenty-five dollars (\$25.00) in addition to the fee prescribed for vaccinations.

**Impounding of Unlicensed Dog.** (a) It shall be the duty of the municipality to provide a suitable enclosure for the impounding of all dogs and cats found running at large in violation of the provisions of this Act. When dogs and cats are impounded by law enforcement agencies the animal shall be held for at least three days during which the owner shall be notified if possible. (b) The said city shall furnish a civilian employee or employees with car or truck to assist in enforcement of a designated quarantine, pick up stray and non-vaccinated dogs and cats and to do other duties in connection with rabies control.

**Disposal of Dogs and Cats Prescribed.** (a) All dogs and cats which have been impounded for failure to be vaccinated under the provisions of this Act, due notice which shall have been given to the owner if said owner can be determined, shall be disposed of

or humanely dispatched when not redeemed within three days. Impounded dogs and cats can be redeemed by a humane society or any other reputable person providing the owner fails to redeem the animal. Any humane society shall have the privilege of dispatching unredeemed dogs if it so elects. Impounded dogs and cats can be redeemed by the payment of the vaccination fee, board, during the period of which impounded, and a penalty of two dollars and fifty cents (\$2.50). (b) It shall be illegal for any pound or receiving station, public or private, to give, sell or otherwise dispose of any dog or cat except by humane destruction or when redeemed by the owner during a period when such county or area is designated as a rabies infected area. This does not apply to kennels which regularly breed, raise, board or sell dogs and cats.

**Confinement of Dogs and Cats Bitten by Known Rabid Animals.** An unvaccinated dog or cat shall be immediately destroyed. If an owner is unwilling to destroy the exposed animal, strict isolation of the animal in a kennel for six (6) months shall be required. If the animal has been previously vaccinated against rabies within one year, revaccination and restraint (leashing and confinement) for thirty (30) days shall be required.

**Confinement of Animals Which Have Bitten Human Beings Authorized.** Veterinarians, physicians, animal owners, or any other person having knowledge that any person has been bitten by a dog or other animal shall report same immediately to the County Health Officer or his duly authorized representative. The said dog or other animal shall be confined in suitable and adequate quarters in accordance with the State Board of Health rules for a period of ten (10) days to maintain quarantine, or until the proper health authority authorizes release. Any expense incurred in handling the animal during the period shall be borne by the owner.

Nothing in this Act shall be held to limit in any manner the power of any municipality to prohibit dogs or cats from running at large, whether or not they have been vaccinated as herein provided; nor shall anything in this Act be construed to, in any manner, limit the power of any municipality to institute additional control measures and regulations in such municipality.

Nothing in this Act shall be held to limit the authority, duties, and responsibilities of the President of the State Board of Health, the State Health Officer, and their duly authorized agents as defined in Section 381.17, Florida Statutes, 1941, or other statutes relating to the control of communicable diseases.



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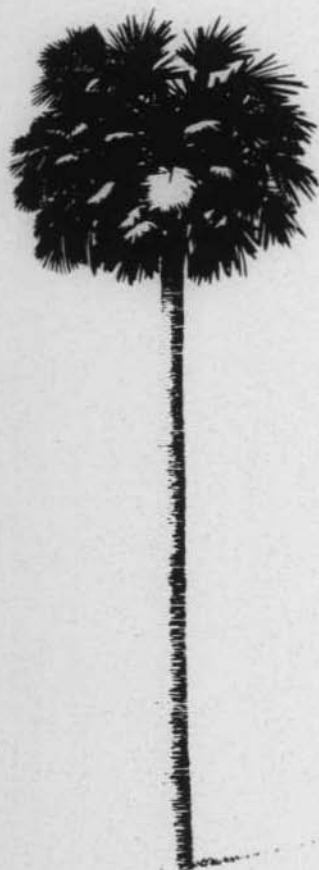
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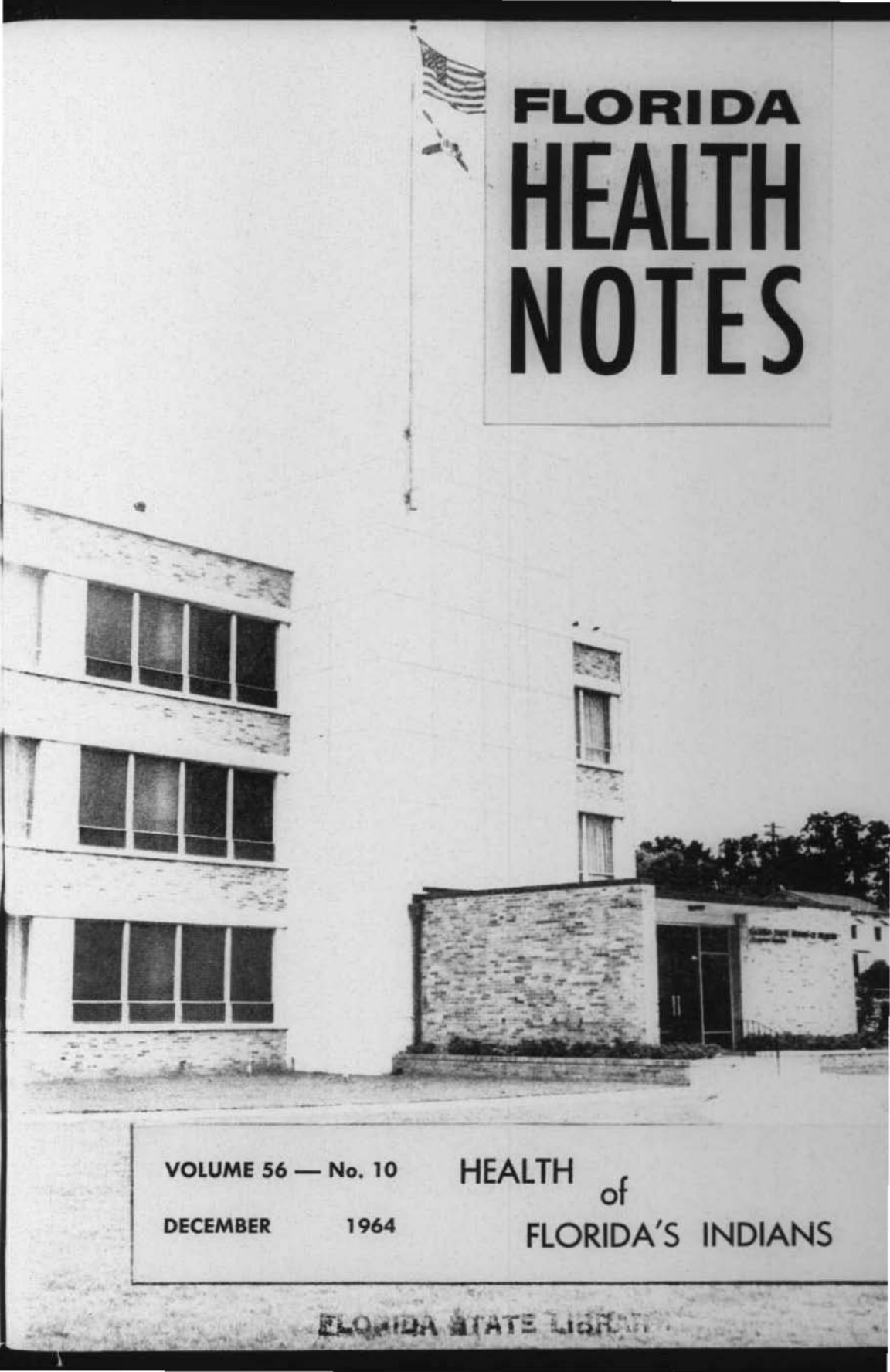
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# FLORIDA HEALTH NOTES

VOLUME 56 — No. 10

DECEMBER

1964

HEALTH  
of  
FLORIDA'S INDIANS

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Public health workers always try to start with subjects of interest to the group with whom they are working. Though their choice was improved sanitation practices, inquiries revealed that the Indians were greatly interested in snake bite and firearms safety.



↑ A herpetologist (snake specialist) from the Ross Allen Reptile Institute shows the Seminoles how to handle a diamondback rattler and to treat a snake bite.



Two Seminoles gleefully check out guns during a firearms safety course at the Brighton Reservation.



# Health of Florida's Indians

"Those are nice looking shoes. Now you wear them."

The elderly Seminole woman, who had gone barefoot most of her life, looked down at her new canvas shoes as her daughter repeated the doctor's instructions in the Muskogee language. The physician and nurse at the Brighton clinic (who were watching the scene) had repeatedly urged the woman to get herself a pair of shoes all during the time they had treated her for hookworm. Now they had succeeded.

The woman acknowledged the doctor's farewell with a nod of her head and after she and her daughter left the clinic, the doctor heard them giggling on the front steps.

"What's so funny?" he asked.

After repeated questioning, the daughter replied, "She wore the shoes for you. Now she go home and take them off."

The old woman had clearly missed the point as to why she should wear shoes. She had purchased them because the doctor and nurse had urged her to do so. She wore them once to the clinic but she had no further use for them. Like the older Indians, she could not understand how a person acquired hookworm.

The county health officers and nurses who staff the clinics every day face a language barrier when treating their Indian patients. They do not know if their instructions are translated correctly

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## FLORIDA HEALTH NOTES

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by younger relatives or if perhaps the patient has sought advice and treatment from the local medicine man as well as trying out the white man's medicine.

The medical program with the Seminoles consists of more than the normal treatment and education usually carried on by physicians and nurses at a clinic. All those who work with the Seminoles serve as educators, advisers and general helpers—teaching the Seminoles such things as how to adapt their lives to the white man's world, advising them on how to clean their modern homes (when they have one), and assisting them in providing school clothes for their children. An Indian may be on a nurse's doorstep at any time of day or night asking questions or requesting assistance.

In this issue of **Health Notes** we will tell you of the medical services provided for the Seminole Indians by the State Board of Health and the County Health Departments of Highlands, Glades, Hendry, Dade and Broward Counties and of some of the problems involved. A short history of the Indians and a brief description of their changing culture are necessary to understand some of the public health problems.

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No generalization can be made when writing about Florida's Indians. There are two or more separate groups (politically and socially). The majority of them live on four dissimilar reservations; they speak two different languages (one, Miccosukee or Hitchiti, has never been written); and they live in a variety of houses — from modern concrete block houses to open-walled chickees.

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## **The Beginning**

The Florida Seminoles are the descendants of 150 Indians who fled into the Everglades rather than move from their lands in Florida to reservations in the Arkansas Territory.

The Seminoles are not one tribe but a combination of tribes and "Seminole" is a Creek word meaning "runaway" or "wild man." The original Florida Indians were killed or driven off by early explorers and colonizers or died from diseases brought by the white man. In the 1720's, Creeks from Georgia, Alabama and the Carolinas left their homes because of the pressure of white settlers

and drifted into the northern portion of the Florida peninsula. They spoke the Muskogee language. From the hills of western Florida and Alabama came the Miccosukees who spoke Hitchiti. Refugees from other tribes joined these Indians, along with Negro slaves who fled south, seeking asylum from both the whites and Creek and Cherokee Indians. These Negroes lived unmolested but as vassals among the Seminoles where they raised crops and herds of cattle.

Bitterness developed over the sanctuary the Indians gave the Negro slaves and this was intensified after an 1808 law was passed by Congress which prohibited the importation of slaves from Africa. The U. S. government sent armies into Florida in 1812 and 1813 to punish the Seminoles for harboring slaves. The armies (as did others in the wars to follow) carried out a "scorched earth" policy. Every armed Negro was put to death; Indian villages were burned; and many of the Seminoles were killed or scattered.

## **The Seminole Wars**

Three wars were fought between the United States and the Seminoles. At first the Americans undertook an invasion of Spanish Florida to return fugitive slaves and punish the Indians. The other conflicts were efforts of the white men to confiscate Indian lands for their own use and to move the Seminoles to lands in the West.

The wars were mostly series of skirmishes with an occasional battle involving several hundred Indians and white men. The first conflict (1817-18) was started by an attack on an Indian village by white soldiers. This inflamed the Seminoles who attacked a river boat on the Apalachicola River and raided a trading post on the Gulf of Mexico. In retaliation, a force of 3000 men, led by General Andrew Jackson, invaded the Seminole Country, burning villages, killing or capturing the natives and driving off livestock. Before withdrawing, the American troops attacked several Spanish settlements. When Spain protested, the U. S. government offered to buy Florida for five million dollars and in 1821 Spain accepted the offer.

The Seminoles found that treatment under the United States was very different from that under Spanish rule. Where the Spaniards had let the Indians live in peace, the federal government wanted the rich lands owned by the Seminoles for its own people



and wished to place the Indians on reservations consisting of inferior land. The Indian chiefs protested but the crowning blow was the signing of the Indian Relocation Act in 1830 by President Jackson, which decreed that all Indians living in the southeastern part of the United States were to be transplanted to Arkansas Territory.

Pressure was placed upon the chiefs to accede to this demand and this led to the Second Seminole War (1835-42), which was marked by the fighting of Osceola, the outstanding Seminole warrior. The war was marked by repeated conferences, treachery and raids by both the whites and Indians and cost the federal govern-

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## *Adventures in Cooking*

The nutritionist from the Dade County Department of Public Health has started a program to teach the Seminole cook at the Forty Mile Bend school to prepare and cook a variety of foods for nourishing meals for the students. The children are invited to watch the cook and participate in different projects, such as making colorful cookies. A cooking school is being planned for the women of the community by a utility company. They will be taught to use an electric range, and, in an effort to improve their diet, to cook various kinds of food.

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ment 20 million dollars, the lives of 1500 regular soldiers and the sacrifice of innumerable volunteer soldiers and civilians. The government was so desperate that it used other Indian tribes against the Seminoles. But they kept retreating farther south into the Everglades.

The last war was fought in 1856 to 1858 and was a series of skirmishes. During the 23 years between the outbreak of the Second Seminole War and 1858, about 3000 Seminoles moved West. (A number of Seminoles who live in Oklahoma today are the descendants of these Indians.) The few remaining Seminoles fled deep into the swamps, vowing to fight to the death for their lands.

## **The Seminoles Today**

About two-thirds of the 1200 Seminoles who live in Florida today are the Miccosukees who dwell mostly on the Big Cypress, Dania

and Forty Mile Bend Reservations. Until a few years ago a few resided deep in the swamp north of the Tamiami Trail. The majority of the Cow Creeks live on the Brighton Reservation.

The Seminoles are not wards of the federal government and neither do they receive any outright assistance, but they live on tax-exempt reservations and receive counsel from an agriculture agent on their cattle raising. The government provides education for adults, as well as children; and medical attention and hospitalization are available if the Indians need and ask for it. The Seminoles are citizens of Florida and hold all of the rights and privileges given other citizens. In recent years they have taken an interest in governmental affairs outside the reservation and some participate in elections by voting.

## The Reservations

The reservations, the homes of the Indians in Florida, are quite different in character:

**Brighton**, consisting of about 37,000 acres, is located northwest of Lake Okeechobee in Glades County. Some of the sandy swampland, which is sprinkled with clumps of cabbage palm, palmetto and pine, has been drained and improved. Here the Seminoles pasture the majority of their beef cattle. Approximately 43 families live in scattered camps throughout the reservation.

**Big Cypress**, marked with hammocks (islands of rich land covered with palm and cypress trees) surrounded by miles of grassy swamp, consists of 42,000 acres and is the home of 55 Miccosukee families. The reservation lies 40 miles south of Lake Okeechobee in Hendry County and is isolated on the edge of the Big Cypress Swamp. During the rainy season, several inches of water cover much of the ground and the public health nurses keep boots in their cars in order to wade to their clinics or to isolated camps where the Seminoles live.

The **Dania** Reservation has 420 acres and is squeezed between Hollywood and Fort Lauderdale. This is the headquarters of the Seminole Tribe of Florida, Inc., and of the Indian agency which acts as adviser to the Seminoles. Most of the Indians here live in modern

dwellings, work at jobs off the reservation and have a better income than those on other reservations. Some of the reservation fronting on Route 441 has been leased on long-term basis to businesses and this provides some income for the Tribe.

**Forty Mile Bend**, the newest reservation, lies along the Tamiami Trail. It is five and a half miles long and 500 feet deep. It was set aside as a reservation by the federal government only within the past few years and is the home of approximately 180 Miccosukees who eke out an existence by selling handmade dolls and colorful clothing and operating their camps as tourist attractions.

Florida has set aside 108,000 acres of swamp and marsh land in western Broward and Palm Beach Counties for Florida Indians. This area lies a few miles north of Tamiami Trail adjacent to the Big Cypress Reservation. Only a small fraction of the land is usable since most of the year it is under water. It is used mainly for hunting deer, frogs and wild turkey.

## **Health of the Indians**

Even though the Seminoles live in one of the most dismal swamps in the United States, their health is generally considered good as compared with Indians in the West. The health standards of the Miccosukees along the Trail are much lower than those of other Indians.

Some of the diseases are especially notable because of their frequency. Hookworm (which, along with malnutrition, causes secondary anemia) is perhaps the most prevalent disease among these Indians. This condition is made worse by the lack of proper toilet facilities and the number of adults and children who go without shoes. A constant battle against hookworm is carried on by doctors, nurses and sanitarians. An Indian may be "cured" of the disease but unless he is taught that he should wear shoes, he may be reinfected within a short time. Roundworm, whipworm and other parasites are becoming more of a problem.

There are frequent outbreaks of upper respiratory diseases. Because of poor toilet facilities and lack of proper hygiene, the

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The Seminoles have contributed to the study of arthropod-borne viruses over the past several years. Scientists from the State Board of Health, Communicable Disease Center (U. S. Public Health Service), and other organizations have tested their blood for the results of virus infections. They were chosen because they are an isolated group who are natives of Florida, live out-of-doors, and frequently are bitten by mosquitoes. Final results showed that the Seminoles have antibodies of several Group B arthropod-borne viruses in their blood, including St. Louis and Venezuelan types of encephalitis.

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Seminoles often suffer from diarrhea and the grippe. Malnutrition is fairly frequent, partly because of the lack of proper foods; and invariably, the Seminoles have poor teeth.

Unlike the Indians on western reservations, the Seminoles have a low incidence of tuberculosis. However, five cases were diagnosed by private physicians and a recent x-ray screening survey at Big Cypress revealed some other suspicious cases for further study. There is a low venereal disease rate with only an occasional case of gonorrhea.

The public health nurses report numerous traffic accidents, some due to the use of liquor and others because the Indians may not be familiar with traffic regulations. Other types of accidents are fairly frequent, such as lacerations from broken bottles and opened tin cans, barbed wire, cuts, gun shot and knife wounds. Industrial accidents also occur. A modern problem, gasoline sniffing, has risen among the young Indian males and students at Big Cypress. Nurses who staff the reservation's clinics have noted that some of the young men are showing after effects of this habit, such as apparent nervous disorders.

The diet of the Indians, especially those who do not have modern cooking facilities, consists mostly of fried foods—fish, grits, sweet potatoes, corn, squash, pumpkin and fried or boiled meat. They seldom eat green vegetables. Nearly every camp has banana trees; some have citrus trees but the fruit is seldom allowed to mature. Although the Indians may have a small garden, they purchase most of their food at white men's stores in the nearest town.



## The Medical Program

Until 1960, a nurse from the U. S. Public Health Service conducted clinics on the reservations. When she retired, the State Board of Health and County Health Departments of Highlands, Hendry, Glades and Broward Counties were asked to assume the medical program for the Indians under a contract with the U. S. Public Health Service.

An Indian who is eligible for medical care must fill at least one of the following requirements: He must live on the reservation, be a tribal member, a resident of tax-exempt land, an owner of restricted property or take an active part in tribal affairs.

Indian children of preschool and school age and pregnant women receive the same care that is given to other racial groups in Florida. All of the Indians receive immunizations and probably are the best immunized group in the areas around the reservations. The public health nurses conduct clinics two days a week at both Big Cypress and Brighton Reservations. They are assisted in their clinics by Seminole girls who have learned to file records and help the nurses with their patients. Because many of the Seminoles do not speak English, these clinic aides also act as interpreters. In a way they act as "health educators" with their people.

Physicians and dentists in cities and towns near the reservations are under contract with the federal government to treat the Seminoles when they have emergencies—or at any time the Indians are sick. Hospitalization is provided when needed and braces and other corrective measures are supplied free of charge. Prescription drugs, which the clinics do not stock and the Indians cannot afford, are also provided. During 1963, \$53,000 was provided by the federal government for hospitalization and medical services not included under such a program as Hospital Services for the Indigent. The latter is supervised by the State Board of Health, if respective counties participate.

The SBH and County Health Department, in cooperation with other state departments, have carried on two unusual programs





The clinic aide (top left) helps keep the Big Cypress clinic running smoothly and often acts as an interpreter. A public health nurse gives immunization to an Indian family (top right) and to an unhappy little girl (bottom right). Two of the Seminoles from the Brighton Reservation pose at the clinic with William F. Hill, Jr., M.D., county health officer of Highlands, Glades and Hendry Counties, who heads the health programs at two reservations.

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## Acknowledgments

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which the Indians had requested—working on the theory that you start with the group's interest.

In 1962, a snake bite program was conducted. The Seminoles were shown how to avoid or handle snakes and how to treat snake bites. During the past summer, firearm safety courses were conducted at Brighton and Big Cypress. The latter, taught by a representative of the Florida Game and Fresh Water Fish Commission, was requested by Chairman Billy Osceola of the Tribal Council of the Seminole Tribe of Florida, because of the large number of firearm accidents among his people.

### Special Health Screening Program

A special health screening program was conducted in 1963 for Miccosukees of the Forty Mile Bend Reservation. Up to this time they were not considered eligible for medical aid and they finally asked the federal government for assistance. Representatives from the Dade County Department of Public Health, U. S. Public Health Service, the U. S. Bureau of Indian Affairs, the University of Miami School of Medicine and volunteer workers (including many of the Indians themselves) screened 136 individuals. The tests consisted of a medical history on each individual, physical examination, chest x-ray or tuberculin test, serology, hemoglobin, blood sugar, certain viral antibody determinations, urinalysis, stool examinations, vision screening and electrocardiograms for adults and cervical cytology for adult females.

Most of the Miccosukees were found to be infested with intestinal parasites; dental caries (decay) was widespread; 27 persons had possible heart abnormalities; five persons were found to have tumors which required further study; and the hemoglobins of a number of Seminoles were extremely low.

As a result of the survey, the majority of the Miccosukees were found to be in need of medical and/or dental attention. Federal funds were provided for health services, including outpatient and inpatient hospital care, health and nutritional education and dental care for the children. The Dade County Department of Public Health also stepped up its regular services of maternity care and immunizations.

### **Chickees and Sanitation Problems**

Many of the Indians live in chickees which were designed by their forefathers when they fled into the Everglades. Built of upright cypress logs topped with palm fronds and located in hammocks, the chickees are appropriate for a warm climate. They are open on all sides with a platform about three feet above the ground where the Indians live and sleep.

A family's camp consists of several chickees built around a cooking shelter. A family usually includes the father and mother, married daughters with their husbands and children, and unmarried sons and daughters. Each group has its own chickee where it keeps its belongings and sleeps at night. Electricity is available on the reservations and nearly every camp has electric lights and a sewing machine. Many have refrigerators. The camps are often cluttered with an old car or two, piles of tin cans and innumerable empty soft drink bottles. When urged to return the bottles for deposits, the Indians appear embarrassed and seldom follow through.

There are few sanitary facilities on the reservations and only a few of the chickees have sanitary privies. (The small number of modern cement block constructed (CBC) houses at Dania, Big Cypress and Brighton are either on a sewage system or have septic tanks.) Water, for washing, cooking and drinking may come from a central supply (in a few cases), from a shallow well, or quite often



Life would not seem easy to us in south Florida. (1) A Seminole chickee composed of several chickees. (2) Pots left on a bench under a banana tree to flies and other insects. (3) Ma and Miccosukees cook over open fire. (4) A public health nurse checks the blood of an elderly Seminole woman. (5) A call to a chickee. (5) Sewing machines and electrical equipment are a common sight in many of the camps. The women use them for their families and to sell to visitors.



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from a nearby ditch, pond or bog hole. Rodents, mosquitoes, sick dogs, pigs and trash and garbage, all present problems.

A complete rodent control program is out of the question because unconfined dogs, hogs and children make it impossible for the sanitarians to put out poison for rats. Also, a high water table makes it unwise to use conventional methods. The children are extremely curious and they will feel, touch and taste anything new. Some of the Seminoles refuse to fence their hogs and nearly every camp has several running around loose. Social taboos keep the Seminoles from killing a sick dog, and so, they run loose infecting healthy animals.

The reservations have thousands of acres of prime mosquito breeding areas. The usual methods of controlling mosquitoes (diking, ditching, filling) would be costly and some public health work-

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## *A Bad Omen?*

Although the younger generation of Seminoles seeks the services of doctors and nurses, some rituals are still followed. Only when a baby has passed its fourth moon, will the Seminole mother clip its finger and toe nails and shave its head. A public health nurse once clipped the fingernails of a baby because it was scratching itself. The Seminoles saw a bad omen in the act. Several months later the baby died. Needless to say the nurse no longer trims babies' fingernails. She leaves this up to their mothers.

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ers are ready to suggest that less money would be spent if insect repellent and mosquito netting were purchased—rather than to try to eradicate the breeding places.

Trash and garbage from the camps are usually picked up by the recreational director on each reservation. However, a move by the Seminole Tribe to curtail expenses may eliminate the recreational director's post and this would leave the disposal of trash and garbage up to the head of each camp. In the past this has not been very successful. Camp clean-up programs have been carried on as group projects. But the individual Indian who has had no previous experience does not know how to handle the trash and garbage situa-

tion and frequently does not understand the seriousness or importance of the problem.

A lack of money has stopped the building of privies and drilling of wells. This has been a blow to the sanitation program. There is a need for 50 sanitary privies on Big Cypress and Brighton Reservations and until these are built there will be chronic reinfestation of hookworm and periodic outbreaks of diarrhea and the grippe.

Ongoing programs of insect control, spraying and dusting of houses and camps with various insecticides, elimination of as many dogs as possible, periodical camp clean-ups, etc., are part of a continuous sanitation program.

## **Barriers to the Health Program**

There are two major barriers that add to the difficulty of treating the Seminoles in the clinics and hospitals or assisting them with their sanitary problems.

The first barrier is that of language. The majority of the Seminoles speak Hitchiti (Miccosukee) while those on the Brighton Reservation speak Muskogee (Creek). Many older Seminoles do not understand English, or may pretend they do not. The younger Indians, or the aides at the clinics, act as interpreters but frequently medical instructions lose their correct meaning during translation. The Seminole languages do not have words similar to many English words and the public health nurse or physician often wonders if the Seminole patient understands and will follow the original instructions.

Because of the language barrier, instructions to elderly patients have to be repeated with child-like simplicity and must be explained and illustrated many times.

The health workers face a second barrier because they are uncertain that the Seminole patient will accept their instructions. The Indian may also consult the local medicine man and then make up his mind whose prescription to follow or he may follow both. Since the Seminoles are reluctant to accept outsiders and they desire to



Some of the Seminoles live in modern concrete block houses. A public health nurse talks to two women outside their home at Brighton and another family is shown outside their house on the Big Cypress Reservation.



be left alone (especially some of the Miccosukees along the Trail), there is an uncertainty of whether they are accepting the white man's medicine simply because they think that it is what the white man wants or because they really believe the white man's medicine will help them. The Seminoles were mistreated by white men for many years and it is understandable why they have a deep distrust of Floridians they do not know.

Time means little to many of the Seminoles. If they have something they would rather do, they may not keep an appointment with the public health nurse or doctor at the clinic. They may suddenly decide to go on a trip, hunting, fishing—and the desire of the moment outweighs any obligation to be anywhere at any given time.

## **The Bureau of Indian Affairs**

Two agencies of the U. S. Bureau of Indian Affairs work with the Seminoles—the Seminole Agency, which has headquarters on the Dania Reservation, and the Miccosukee Agency, which has headquarters at Homestead. Both of these agencies have staffs of teachers. The Seminole Agency has home extension and agriculture agents and other technical advisers who help the Seminoles secure jobs, advise them on modern methods of cattle raising, road construction, land development and pasture improvement.

The home extension agent is concerned with all groups but works mainly with the Indian 4-H Clubs. When the usual 4-H projects become too expensive for the Indians' pocketbooks, the clubs work on improving citizenship. The members learn how to live within their incomes, the meaning of traffic laws and law and order. School teachers are employed during summer months to carry on such activities as sewing, handicrafts and recreation.

## **Hunting and Fishing**

The Seminoles have always hunted and fished for food. On the reservations they can hunt throughout the year but off the reservations they must observe the hunting season the same as any other citizen.

At Brighton and Big Cypress and on the state reservation, the Indians add to their diet by hunting large game, such as deer and wild turkey. Some frogs and turtles are caught. White ibis or heron is quite palatable to the Indians. Much of the fishing is done with spears and the slow moving garfish is frequently a target for the

Indians' skill. Miccosukees who live at Forty Mile Bend have more fish in their diet than the other Indians and this is partly because of the nearness of the Tamiami Canal.

## **The Medicine Man and the Green Corn Dance**

The medicine man is an adviser of the Indians. He keeps the medicine bundle, preserves the historical legends, songs and dances and oversees the annual Green Corn Dance.

Years of constant training are required to become a medicine man. He must know what kinds of plants and herbs are needed to make up the various medicines and these are described in songs that tell what the plants look like and where they are found. A medicine man, Josie Billie of the Big Cypress Reservation, has de-

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### *Powerful Medicine*

The Seminoles may go to the clinics and hospitals for their physical ills but they often turn to the medicine man for advice and treatment of many ailments, especially emotional problems. One Seminole woman, who had had a stroke, returned from the hospital and kept her family awake at night with her talking. The public health nurses visited her camp one day and found the medicine man, Josie Billie, there. The whole family was sleeping soundly, although it was in the middle of the day. The medicine man told the nurses, "She talk, talk, talk all night. Me put them to sleep." Even though the man and nurses conversed in loud voices (the medicine man was quite deaf), the family did not wake up.

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veloped a tranquilizer. A pharmaceutical company has been making tests on samples but it has not been able to duplicate the ingredients. If the company is successful and able to market the tranquilizer, the Seminoles, as a tribe, will benefit from the sale of the drug.

The Green Corn Dance is held on the various reservations during the late spring or early summer. The festival may last four or five



days and includes dancing, feasting, marriages, games, religious ceremonies and a court where violators of tribal laws are tried. At one time, Indian justice was swift and sometimes drastic. Today the Seminoles have accepted the laws and punishment of the state.

During the days of the dance, rituals are performed to protect the members of the tribe during the coming year. They partake of a purge called "The Black Drink" and scratch themselves to gain protection from blood poison. Public health nurses have never seen these wounds infected.

The medicine bundle, seen only during the last 24 hours of the Green Corn Dance, is believed by the Indians to contain everything essential for the Indians' well-being. When new conditions arise, the Seminoles believe new items are added during the dance by Es-to-fas-ta, the intermediary between God and the Indians who reaches down and places articles in the deerskin-wrapped bundle to meet the new needs. The bundle contains several hundred items of horn, feathers, stone, dried animal parts, etc., and is considered the "soul of the tribe." If the medicine bundle is allowed to die, as it can through the discontinuation of the Green Corn Dance, the Indians believe that the life would pass out of the tribe.

## **Economic Status and Education**

The Indians are not wards of the government and they do not want to be. Once they were able to live by means of hunting and fishing but because the population is increasing, the reservations are no longer able to support the Seminoles. Their reservations are tax-free and they receive some education and medical assistance and free license tags for their automobiles; nevertheless, they pay many of the same taxes as the white man.

In 1957, the Seminoles became organized as the Seminole Tribe of Florida, Inc. Raising beef cattle has been the most important effort made by the Indians to make themselves self-sufficient. About 12,000 acres of pasture have been improved at Big Cypress and Brighton and a number of families own from 30 to 150 head of cattle each.

The Miccosukee families who live along the Tamiami Trail are a separate unit from the Miccosukees on the other reservations. In 1962, these Indians organized and formed general and business councils to handle the affairs of the group. Until this time, they were not recognized by the United States and not entitled to the benefits the other Indians were receiving, such as medical care and assistance with housing and education.

Many of the Indians are unable to find steady employment. The majority of them are unskilled laborers. They take jobs, usually seasonal, on farms and ranches near the reservations. A few from Dania work at such jobs as gas station or parking lot attendants in Miami and other cities. Some of the Seminoles increase their income by selling frog legs, swamp cabbage and palm fronds. The fronds are used in many churches on Palm Sundays. Many of the Indian women make Seminole dolls and unique, colorful skirts and blouses to sell in restaurants, trading posts and in the Seminole Village on the Dania Reservation. This Indian village employs 24 Seminoles, including alligator wrestlers. A few of the Seminole girls and boys work in the offices of the Department of the Interior in Washington, D. C.

**Education** is one way the Seminoles can learn to become self-sufficient. Nearly all of the children of school age attend either public schools or the day schools for young children at Big Cypress and Forty Mile Bend, which are more isolated than the other reservations.

Some of the older children have graduated from high schools in nearby cities and towns or from Indian schools in the West. A few have gone to college where they have taken studies which will enable them to help their people. Kindergartens conducted on some of the reservations prepare the children for school experiences and this has helped the Seminoles to become better students. The youngsters have to overcome a language handicap because Miccosukee or Creek is spoken in the home and English at school.

Classes for adults are also conducted on the reservations. In addition, to a literacy program for those who wish it, the Seminoles

Florida's Indians are noted for their colorful clothing. Winners in men's Indian fashions at the 1964 Powwow included Billy Osceola (at left of trio), chairman of the Seminole Tribe of Florida, Inc. (below) The old and new in Indian clothing were seen at the Powwow. Billy Bowlegs, III, is reported to be 102 years old — the oldest living Florida Indian.



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## *Small Group But Important*

The 1200 Seminoles make up only a very small fraction of the approximately five million residents of Florida. But the condition of their health causes much concern among public health authorities—partly because they are a group with a vastly different culture—but mostly because they are in desperate need of health and medical care.

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are taught how to meet modern living problems, such as income taxes, Social Security and traffic problems. Once again, because of the Indians' way of life, a teacher will not know until he arrives whether he will have one, 20—or no students on that particular evening.

### **A Changing Society**

Over the years the Seminoles have maintained a **matriarchal society**. When a couple marries, the husband moves into the camp of his wife's family and builds his chickee. The children are raised by their mother's family; the uncles and grandfather teach the boys how to hunt and fish and supervise their general education. But today this is changing. Many of the younger Seminoles who marry with the white man's civil or religious ceremonies want to build their own homes, raise their own families and live in a like manner to the white man.

The **housing** of the Seminoles is changing. Individual families can borrow money from the tribal council to build modern CBC houses. Many new homes have been built on the Dania Reservation. A number of families at Big Cypress have moved into up-to-date homes with a modern sewage system and water supply. There are several CBC houses on the Brighton Reservation and more are planned.

A different type of housing is underway at Forty Mile Bend. Homes for 15 families are planned. Each house will be in the shape of a cross with a "core" containing the kitchen, bathroom, storage

area and water heater. The walls will be of screen and the roofs of wood and palmetto thatching. A water system is planned which will have a 30,000-gallon elevated tank and a six-inch water main to carry water to the houses.

The Seminole's contact with the white man has changed his **wearing apparel**. When the Seminoles moved into the Everglades, they adopted loose fitting costumes because of the humid climate and mosquitoes. When the Seminole women obtained sewing machines the styles changed from braids and strips to intricate and delicate designs. Many of the older women wear floor length skirts but the younger women prefer treader pants, skirts and dresses. The men may occasionally wear shirts made of intricate design but more frequently they wear "store-bought" shirts with jeans or pants.

The surrounding white civilization and modern medical methods are influencing many of the Seminoles' concepts of **medicine**. The medicine man, who has an honored place in the Seminole tribe, was once believed to control the forces of nature and make diseases yield to his personal efforts. Ritual medicines were used in connection with such events as births, puberty, death and mourning. Today the medicine man still practices, especially in the area of emotional problems, but he comes to the clinics to be treated for his physical ailments.

Only within the last few years have most of the women turned to hospitals for childbirth. Before they used hospitals, a Seminole woman went off into the bush by herself where she remained in seclusion until the birth of her child. A special rough hut was built and her food was prepared separately and brought to her in special dishes. During her confinement, and for four months afterwards, she was considered unclean, visited only by her family and attended by an Indian midwife.

## **Building Their Future**

As long as the Seminoles were cut off from the white man, they were able to preserve their culture. But since they are now in contact with the surrounding civilization of the white man, their culture faces an uncertain future. An Indian leader, at the 1964 an-



nual Powwow, emphasized that the Seminoles need to build their future on the traditions of the past.

The Seminoles want and need to be self-sufficient. They want their own lands, cattle and hunting grounds. A move by the United States to pay the Seminoles for parts of Florida which were taken from them may give the tribe more economic security than it now has.

Medical and health services, provided by the federal government through the State Board of Health and the County Health Departments, will help eradicate disease and lengthen the life expectancy of the average Indian. With better health the Seminoles can build a happier life and a brighter future.

But it will take time for the Indians to emerge from the past. This change will not come easily. Suggestions have been made that the Seminoles should be assimilated into the surrounding white civilization. But the Indians are a proud people and the wishes of the tribes will be followed by the governing councils. In the future they hope to be more self-sufficient and they are basing their plans on improved land and more productive cattle.



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Because of the lack of space, we were unable to include all of the aspects of the lives of the Seminoles and Miccosukees. For those who are interested in a deeper study of these people, we would suggest you write: U. S. Bureau of Indian Affairs, Seminole Agency, 6075 Stirling Road, Hollywood, Florida, or (for those interested in the Miccosukee group at Forty Mile Bend) to: U. S. Bureau of Indian Affairs, Miccosukee Indian Agency, P. O. Box 237, Homestead, Florida.

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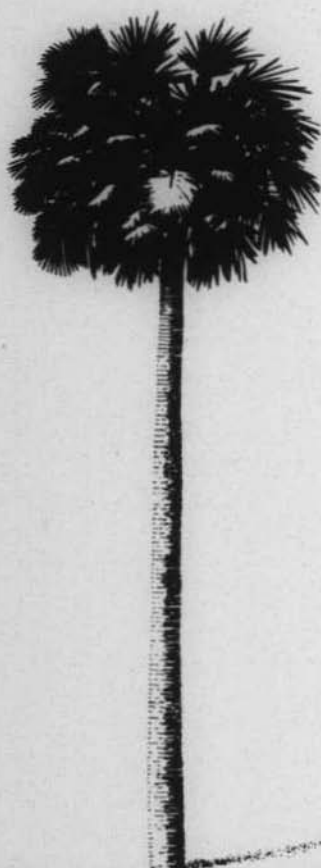
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Division of Radiological and Occupational Health	Edwin G. Williams, M.D.
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## Bureau of Special Health Services

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